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ABSTRACT

The training program described in this final report is one of a number of attempts to solve the manpower shortage in psychology. The task proposes to demonstrate that the presence of psychological assistants, in this case seven female college graduates, increases the effectiveness and productivity of the clinical psychologists to whom they are assigned in varying positions in clinical service and research. Background information on manpower status in psychology and allied professions introduces the report. Requirement and selection of participants are described. The assistants are trained by a combination of methods, described and evaluated in Part IV, the most important appearing to be the apprenticeship on the setting. Contributions of the assistant in each setting are presented with a composite description of an assistant's duties. Placement of the assistants at the end of the project is dealt with in relation to initial expectations and changing attitudes as the program progresses. Alternate models deriving from the experiences of the project suggest improvement for the future. It is felt that the assistants become an integral part of the clinical operation and that the project had meaning for other mental health professions. (KSM)

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A STUDY AND DEMONSTRATION OF THE TRAINING AND UTILIZATION OF PSYCHOLOGICAL ASSISTANTS IN DIFFERENT CLINICAL SETTINGS

Department of Clinical Psychology
College of Health Related Professions
University of Florida
June 30, 1966 to June 29, 1968

FINAL REPORT

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Supported by
Bureau of Health Manpower
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University of Florida, Gainesville, Florida

April, 1969

ACKNOWLEDGEMENTS

Despite growing endorsement of the need for subdoctoral training to meet manpower shortages in psychology, the idea that some tasks of Ph.D. psychologists could be delegated to non-professionals seemed, in 1965, as it does to some even today, revolutionary, perhaps downright dangerous. Had it not been for Dean Darrel J. Mase of the University of Florida's College of Health Related Professions, and Dr. Harvey I. Scudder, then Manpower Resources Consultant of the Community Health Services, United States Public Health Service, this project might never have been carried out. To Dean Mase and Dr. Scudder we extend our gratitude for their openmindedness and courage which made this project possible.

The psychological assistants and the clinical psychologists to whom they were assigned were the main "subjects" in this research. It was not easy to be a participant, an observer, and the observed. For their honesty and directness in sharing their attitudes and experiences, for their innovative suggestions to improve training, and for their loyalty to the project during its vicissitudes, we are indebted and grateful.

In many ways this project is indebted to Mrs. Eileen Fennell, the "prototype" for the assistants. Had she not contributed so greatly to the productivity and efficiency of the Neuropsychology Service, we would not have embarked on this project which is in essence a replication of what she did. Throughout the project she was an able teacher and guide for the assistants, and her perceptive criticisms have been valuable in focusing on issues to be covered in this report.

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during the remainder of the program. We are particularly indebted to Dr. Kadish for his wise counsel and constructive suggestions, and for his consistent understanding and encouragement for what we were trying to accomplish.

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On numerous occasions the goals and achievements of our project were presented to our colleagues at professional meetings. To those who shared the platform with us, and to those who responded from the audience, we owe our thanks. Both brickbats and roses increased our awareness of many issues. We hope the descriptions of our experiences in this report will help other psychologists answer some of the questions which perplex and disturb them about subdoctoral manpower in psychology.

Our appreciation is extended to Mrs. Mary Beth King and Mrs. Carol Morrell who at different times served as secretary to the Coordinator and performed many administrative duties which insured the smooth functioning of the project, and to Mrs. Sharon Short, secretary to the Project Director who provided liaison in many administrative contacts with other divisions of the university. Finally, our sincere thanks go to Mrs. Irma Smith who typed this manuscript and whose observant eye prevented many an inadvertent error.

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I SUMMARY

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SUMMARY

PART I

SUMMARY

The training program described in this final report is one of a number of attempts to solve the manpower shortage in psychology in particular, and in mental health in general. The program grew from the observation that practicing clinical psychologists perform activities which can be classified along a continuum of knowledge, training, or skill. We thought that some of these activities could be performed competently by persons with less than doctoral training. The project was designed to test the hypothesis that a clinical psychologist who had the opportunity to delegate to an assistant activities not requiring doctoral training would do so, and would thereby free a substantial portion of his time, which could be used for activities requiring doctoral level competence, the psychologist thereby becoming more productive. Our task was to demonstrate that the presence of psychological assistants would increase the effectiveness and productivity of the clinical psychologists to whom they were assigned. Assistants were assigned over the two years of the program to clinical psychologists in different settings, and the feasibility of using assistants on a variety of tasks in a variety of complex clinical settings was amply demonstrated.

Through a description of the processes of training, the tasks performed by the assistants, the changes in the activities of their supervisors, and the reactions to all this by the assistants, the staff, and the graduate students, and members of the psychological profession outside the department, this final report is designed to point up the variables and issues, the advantages and limitations, the challenges and problems to be taken into account in introducing non-Ph.D. personnel into the "psychological family."

On June 30, 1966, a contract was awarded by the Bureau of Health Manpower of the Public Health Service in the Department of Health, Education, and Welfare to the Department of Clinical Psychology which is a part of the College of Health Related Professions housed in the Health Center of the University of Florida, situated in Gainesville, Florida, a city of 75,000 in north central Florida. The purpose of the contract was to "conduct a study and demonstration of the training and utilization of psychological assistants in different clinical settings."

By September, 1966, seven female college graduates, each with a different academic major, were selected and assigned to work with clinical psychologists in the Department of Clinical Psychology. In this setting, each psychologist is a member of the teaching faculty in the College of Health Related Professions. Each faculty psychologist is responsible for training clinical and counseling psychology graduate students, as a primary function, and each participates to varying degrees in clinical service and clinical research. Seven of the nine faculty members to whom assistants were assigned during the program had affiliations with a department of the College of Medicine. These affiliations included the historical affiliations with inpatient psychiatry, outpatient psychiatry and child psychiatry; in addition, faculty were affiliated with medicine and surgery, with pediatrics, and with obstetrics and gynecology. Two of the faculty did not have liaison with a department in the College of Medicine. One functioned in the area of community psychology, and the other is in the Student Health Center engaged in action programs and research relating to student mental health.

The assistants were trained by a combination of methods, the most important appearing to be the apprenticeship on the setting. Group training included individual lectures and a variety of short courses and seminars. The training program is described and evaluated in PART IV. Briefly, most successful learning experiences were associated with active involvement, immediate feedback, and opportunity to learn theory in connection with clinical experiences. Group training was most effective when the subject matter was seen as relevant by the assistant to the activities of her service; when the instructor was so much in command of the subject that he was comfortable using many methods of presentation to reach the level of the assistants; when the instructor conveyed enthusiasm about his subject, was well-prepared, andprovided new content or helped the assistants organize and see new meaning in the clinical experiences.

Throughout the program, the coordinator obtained reports from assistants and supervisors, for assessing what activities the assistants were performing, the knowledge they had acquired, and the extent to which their presence affected the operation of their service. Assistants early took over administrative functions, became involved in psychological assessment, and various aspects of research. Some participated in treatment and teaching. As a result of the presence of the assistants, supervisors experienced some or all of the following gains: smoother relationships between their services and other departments; more time to spend with graduate students; better relationships with graduate students through the catalytic influence of the assistant; increase in number and type of patient assessment and treatment cases; initiation or completion of research projects; innovations in patient care; increase in consultant activities. PART V describes the contributions of the assistant on each setting, and gives a composite description of an assistant's duties. An attempt is made to rank duties from least to most skilled, since one of the major problems encountered in setting up programs for non-professionals has been establishing appropriate gradations of tasks and responsibilities.

In the course of the project, the assistants, the faculty, and the graduate students served as "research subjects" and contributed valuable data on their experiences and attitudes. When we discussed the project at professional meetings, many questions were raised about the practical effects of such programs as ours, and the issues of professional responsibility and ethics. Throughout this report, and in PART VII especially, the tensions and questions we encountered are discussed. Our intent was to let the assistants learn as much as they were capable of learning. In fact, we found many areas where we were hesitant to let them proceed. No outsider raised an issue that we ourselves had not wrestled with, nor an objection that one of us had not posed. In general, we were more comfortable letting the assistants assume administrative duties and assessment tasks. We became more uncomfortable as they worked into projective techniques and personality assessment. We were comfortable letting them be members of behavior modification teams, hesitant but permissive when they wished to become co-therapists, and uncomfortable when they wished to see individual patients. On their part, some assistants were quite content to concentrate on various aspects of assessment, some pushed hard to be allowed to do treatment. All were involved in research to some extent, but most needed considerable pressure at first to acquire knowledge of statistics and research methodology. The final duties of each assistant resulted from the interest and capability of the assistant, the demands of the service, and the activities and willingness to delegate of the supervising psychologist. On all services, there was more to do than the assistant could do, so that considerable selectivity occurred. Because of the nature of the project, assistants were not pressed, as graduate students would be, to learn material not immediately relevant to their duties.

In addition to the evaluation of the project implicit in the description of the contributions of the assistants, separate evaluations were carried out by three senior clinical psychologists outside the university, and an evaluation of the assessment function was made by a graduate student in hospital administration. Assistants, faculty, and others contributed their own evaluations, all of which appear in PART VII.

A training program has two functions, to train persons to perform useful functions, and to help graduates find work situations where they can use their training. In a profession like psychology which traditionally has made grudging use of students with masters' degrees, placement of students below this level is difficult. The fact that the project ended at a time of budget cuts on the national and local level complicated placement. All seven assistants completed the two-year program; four are working as psychological assistants now, two are in graduate school, and one, new mother, has withdrawn from the work force for the time being. Of the nine staff psychologists, six have assistants now assigned to them, and the other three have requested assistants as soon as financial support can be found. Indeed, a major impact of the program has been the change of attitude of psychologists. When we began, there was one assistant on one service. Now there are fifteen persons called variously psychological assistants, technicians, or research assistants. There are plans to add three assistants, and, if the faculty were to be satisfied we could use at at least five.

In short, the project demonstrated that college graduates can be trained to assist clinical psychologists in a variety of clinical, research, and administrative activities; that the psychologists become more productive as a result; and that the assistants find the assignment rewarding and challenging, and come to be closely identified with the profession of psychology. The project also demonstrated that psychology, which has given lip service for years to the need for making room for people at various levels of training below the doctorate, finds many ways of resisting the entry of graduates of this and other programs. Personal encounters and personal experience seem to be important in reducing professional resistance. The experiences of this project suggest a number of different models for training assistants, and suggest improvements in training of graduate students. These alternate models, and suggestions for the profession as a whole, are described in PART VIII. Finally, we believe the descriptions in this report of the process by which the assistants became an integral part of our operation, have meaning for other mental health professions which are also developing various levels of helping roles.

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INTRODUCTION

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PART II

INTRODUCTION

On June 30, 1967, a contract was awarded by the Public Health Service to the University of Florida, whose purpose was "to conduct a study and demonstration of the training and utilization of psychological assistants in different clinical settings." This is the final report of the study.

There was a different climate for the acceptance of subdoctoral professionals in psychology three years ago, when we were negotiating this contract, from the one we find today. At the time of negotiation we had already contacted the VRA, the NIMH, and the VA, with both formal and informal requests, and had run into a fairly solid wall of resistance. Not that the representatives of these agencies were in opposition to what we were proposing. Rather, they felt that the profession of psychology needed to assert its endorsement of this new policy of practice and training before they, as public agencies, would feel free to provide support.

Manpower in Psychology - Doctoral and Subdoctoral

Indeed, the profession of psychology had memorialized itself on a number of occasions (Raimy, 1950; Roe, 1959; Strother, 1956) to deal definitively with the question of subdoctoral practice, but there ensued conspicuous absence of action. Even at this late date (January, 1969) another committee has been set up by the American Psychological Association (APA) to move beyond the articulation of position and toward implementation.

Somewhere in the crevices between APA structures—between federal agencies and universities and other educational centers—lies the missing link between these reasonable intentions and sincere concern over a matter of national significance.

Repeated reviews of the manpower situation in mental health, and particularly in psychology, have made it terribly clear that doctoral level psychologists have not been, and are not about to be, produced in anything like the numbers for which budgeted positions exist. In fact, the picture of chronic shortage has reached the point where it is fair to say to a graduate of a doctoral program that he may choose the city, and probably the agency, in which he would like to work.

Entry into graduate programs for clinical psychology is difficult and highly competitive; the training is long and quite demanding. The attrition during training is high. The eventual professional products are quickly recruited into university teaching, governmental posts of an administrative or managerial character, research organizations, and finally, but only in small numbers, into organizations providing clinical service to the general public. Despite efforts to produce adequate manpower to meet the existing demand, the social mechanisms available and utilized do not produce the necessary skilled people. (See Bramlette, 1967, in Appendix A of this report.)

Agencies, particularly mental hospitals and clinics, faced with acute personnel needs and little likelihood of filling positions in psychology, have been settling for the most nearly qualified persons they can find. Such makeshift solutions have not satisfied the profession or the incumbent, but have made available to the agencies many a person of ability and effectiveness. Often the incumbent has been encouraged, by virtue of having held the position and performed the functions, in the conviction that he could do the psychologist's work, only to be irritated at last by finding himself ineligible for official acceptance into the family.

Today, substantial numbers of our mental hospitals and clinics are being served by subdoctoral professionals in psychology, and the manpower situation is not changing noticeably. Nor has the acceptance by the profession of psychology of these subdoctoral workers changed much either.

At the time we negotiated the contract we had had evidence from Margaret Rioch's study of the effectiveness of training housewives for a limited psychotherapeutic role. The success of her students encouraged us to consider such a program to cover a wider range of functions.

But probably most important to getting this study off the ground was the happenstance of Dean Darrel Mase's contact with the Bureau of State Services (later Bureau of Health Manpower; now Division of Allied Health Manpower, Bureau of Health Professions Education and Manpower Training) of the United States Public Health Service. Through this introduction we were able to present a case to a receptive group, who responded by most positively encouraging our further efforts. We are grateful for their confidence.

In the years since the start of this study there has been a burgeoning of national effort germaine to it. The community colleges in large numbers (29 in September, 1968, 58 anticipated for September, 1969) have organized programs for the training of mental health workers at the Associate of Arts degree level. A few universities have undertaken bachelor-degree level training of psychometricians. The "new careers for the poor" movement has developed the concept of the indigenous nonprofessional. And the civil rights movement has raised questions about the stodginess of the "establishment," demanding reassessment of job requirements in many fields. The climate today is more receptive to innovation.

But receptivity is only one step. We need to produce the evidence, the necessary data, that will give direction to the action that is to follow. We need more than sentimentality. We need to test whether what we propose can in fact be implemented. We need to explore the roles of subdoctoral professionals in psychology, not only to see whether the work that needs to be done would be well done, but whether the time thus saved for the Ph.D. psychologist would be utilized more effectively if he were free to concentrate on the most highly specialized work for which he has been prepared.

Manpower in Allied Professions

Our Department of Clinical Psychology is located in the College of Health Related Professions of the University of Florida, a college that has had as one of its dominant themes the efficient utilization of health manpower.

In this atmosphere we were impelled to ask if we might apply staffing methods demonstrated to be useful to the profession of medicine to the profession of clinical psychology. We had observed in other health contexts that it might be possible to analyze a complex health activity for its various job components. Then, through proper selection, training, and supervision, it should be possible for intelligent people to perform certain parts of these total services. And correlatively, training of this group should take only a fraction of the time required for preparing the ultimate professional expert. Examples from the health industry are manifold; i.e. the preparation and utilization of x-ray technicians, dental hygienists, EEG technicians, EKG technicians, etc. It seemed to us highly probable that the role of the clinical psychologist could be similarly subdivided and appropriate personnel prepared to handle some of its aspects.

One of the methods of graduate training in clinical psychology is that of arranging for students to work with patients under staff supervision. In this process they deliver a whole range of psychological services to patients, and develop considerable skill. In the course of the field training, graduate students prove themselves decidedly useful and effective in dealing with many of the services that will be required of them in their later professional careers. There is no reason to believe that other students at the graduate level of maturity and training cannot do an equally effective job for those parts of the total patient contact for which they have been trained.

To summarize, then: because of the manpower need, because of the models available to us in other professions in the health field, because of examples of effective performance by less-than-doctoral level psychologists in the current institutions and clinics of our country, and from the evidence of the effectiveness of our own graduate students, it seemed reasonable to consider a plan for less-than-doctoral level training for the part functions of the clinical psychologist.

Background of Present Program

The Psychological Technician

Our own experience with the use of psychological technicians preceded this study. It was based on observations of practices elsewhere, as well as one experience we had had in our own hospital. Some years earlier, Ward Halstead, at the University of Chicago, had trained and used a number of young women to administer a wide battery of tests to be applied to a group of patients at the University hospital who had been referred for questions of brain damage. Dr. Halstead found these women to be effective in securing data from patients and in making it possible for him to prepare a definitive analysis of a patient's psychological difficulties. His student, Ralph Reitan, followed his example and also employed young women to serve as psychological technicians. Dr. Reitan's experiences confirmed those of Dr. Halstead. And so, when we established a neuropsychological laboratory as part of our program at the University of Florida, we took this path, asking one young woman, who had completed her undergraduate training in psychology in our University, to come and work as a psychological technician.

This technician not only carried out the duties that had been exemplified in the Halstead and Reitan laboratories, but because of her special interests, involved herself in the investigative activities of the laboratory, participating in the conceptualization of much of the research, helping collect and analyze the data, and becoming an integral part of the vigorous, multifaceted work of the laboratory. In fact, over a period of four years she has been either the junior or senior author of nine publications emanating from it.

The Psychological Assistant

We were inspired by this auspicious beginning to consider the feasibility of using psychological technicians in a more rounded and expanded way than did Halstead and Reitan. We began to conceptualize roles of the psychological technician or the psychological assistant in a wide range of activities related to the functions of the clinical psychologist. We could anticipate that the psychometric function—the administering of tests to patients—would be a clearly identified single function. This had been conclusively demonstrated. Further, our own psychological technician had demonstrated that a research collaboration was also quite feasible. There had been evidence in laboratories through the country, as well as in our own clinics, that the behavior modification role, especially in work with children, could be articulated into a consistent pattern of activity for which appropriate subdoctoral training could be planned. From some of our own field work we had reason to believe that a community organization role was possible for a technician. Moreover, we could also recognize that a great many managerial details, such as scheduling patients' visits, contacting parents, communicating with relatives, might also be incorporated into the assistant role.

And, finally, as we have already observed from the Rioch study of training of psychological counselors, a group of women who did not have the Ph.D. degree, but who had had careful selection and training, could carry out complex counseling responsibilities. Indeed a wide range of clinical and related skills had been demonstrated to be within the competence of personnel of the type in which we were interested.

In view of these encouraging experiments, at home and elsewhere, we decided to explore on an empirical basis the range of opportunities that might be available to a technician, and the range of expression and attainment that might be achieved in a two year period. We requested assistance, and secured funds from the Bureau of State Services of the United States Public Health Service.

It may be that our facilities were uniquely suited to the experiment we were conducting. The Department of Clinical Psychology, composed of about a dozen faculty members, has established active clinical liaison with medical, educational, and community agencies, and performs a range of functions in these relationships. It seemed to us that if we could have a reasonably large sample of psychological technicians assigned, one to each of our staff members working in the different settings with varying responsibilities, we might be able to learn exactly what roles the psychological technician could undertake and to what limits these could be carried, with the end in view of charting out the range of potential for this professional classification.

A "Career Ladder" for Psychology

The extensive clinical utilization of psychology is a relatively recent phenomenon, whose most significant development and growth have taken place since World War II. Immediately following the war the criteria for professional services in clinical psychology became more explicit, standards were adopted for graduate training and for the evaluation of graduate training programs. State certification and licensing have since become increasingly common, and all the evidences for an emerging professionalization of the psychology discipline have become salient to our society. In the striving by psychologists to establish the doctorate as the journeyman level for the profession, and in attempts to institutionalize this criterion, little patience has been shown with efforts to prepare personnel for helping roles or for less than fully functioning professional activities. As we noted earlier, attempts over the past twenty years to get the American Psychological Association to attend to the problem of subdoctoral level training have been met with recognition of the validity of the claim, but with little enthusiasm for forward motion. Little was done within the official corpus of theAPA to foster less-than-doctoral training, despite the realities of inadequate personnel production, increasing demand, and perhaps even the recognition that many of the fully trained personnel might be overtrained for the jobs they were actually doing.

Perhaps the profession is now comfortable enough with its own status that it can begin to look at the job that needs to be done in a more objective fashion. If so, then the logic of the assistant or technician is compelling. And, if we may anticipate our conclusions, a sequence of steps of professional development and functioning seems possible. The plan we propose would provide a "career ladder" with logical and functional levels of development, and conform to many present customs.

If we look at all the different kinds of activity and skill that enter into the clinical endeavor, and recognize our usual training mechanisms, it is possible to identify two levels of professionals who could be helpful to us. They would be (1) the technician or assistant, and (2) the technologist.

We think of the technician or assistant as requiring bachelor degree level training, and the technologist, the master's degree. We use these levels because of the present conventional education system, but we cannot state with certitude that they are essential to the performance of the jobs we are about to describe.

The Technician Level

We conceive of the technician or assistant as a generalist, and expect him to have a background of information as follows: He should know about the major conceptual developments in the field; about major psychological processes, such as learning, perception, and motivation; he should be informed about the major concepts of psychological development and personality, and should be knowledgeable about the research methods used by psychologists in some of their experimental and clinical methods. The technician with this background would be expected to develop techniques and skills such as helping in the collection of data for assessment of clients or patients, or in the collection of research data from subjects; also those skills involved in behavior modification; and others, depending upon the particular specialty of the psychologist with whom he is working. Given a broad enough background in psychology, such a person could be expected to develop necessary specific skills under the tutelage of the psychologist responsible for delivering services for whom he is working.

We would thus see the technician as having a broad and general background, and developing a number of specific skills related to the work setting. It would be expected that the psychologist in each setting would train his technician to be helpful there.

The Technologist Level

The second level, the technologist, would have not only the broad background of psychology just outlined, but also considerable expertise and understanding about a specific area of psychological activity. For example, he might be very knowledgeable and skilled in the use of psychometric methods, and be called a psychometrician. Or, he might be extremely well informed and trained in the techniques of behavior modification, and be called a behavior modification technologist in a certain area of psychology (perception, neuropsychology, psychotherapy).

This model, embracing the technician and technologist levels of professional activity, presupposes the availability of a professional psychologist (the present Ph.D.) with competence to supervise the work of the technicians and technologists, to serve as quality control expert, and as teacher and as innovator in the field. Technicians and technologists, working in collaboration with the psychologist, could be expected to enhance the senior psychologist's productivity, and to contribute significantly in their own right to the understanding of the needs of patients and clients, and to the solution of their problems.

The Psychological Manpower Pool

To this point we have talked about the rationale for undertaking this study on the basis of the characteristics of the profession and because of some of the problems inherent in the actual practice of psychology. We think it is also important to take a look at the larger cultural setting within which the profession operates, to point out some other considerations which influenced our thinking.

As mentioned earlier, professional training in psychology is a lengthy process. But there are legions of people who want to be engaged in some professional psychological activity who cannot undertake this long course of study. Among them are the many married women whose family responsibilities have deepened their appreciation of psychological variables, but whose commitments at home do not permit extended academic work. They might like to engage psychologically with children, to help understand and ameliorate the problems of the emotionally disturbed, to work with the retarded and handicapped; but they would like to have such a job without, for them, an impossibly long induction process. Formal training requiring one or two years of full time commitment is too much, if they are to maintain their family lives.

There is another group: young people who are interested in psychology as a profession, but who hesitate to commit themselves on graduation from college to another long siege of training without a clearer idea of the activities that would be expected of them as psychologists. Such people might be willing to invest a year or two of contact with the field before plunging into a full engagement with the training leading to the top. Young people completing the bachelor's degree and desirous of working in a psychological setting might find the role of psychological technician a most appealing one. Af if, after the exposure to the field, they were interested in a professional role, they could take the additional training with greater appreciation and confidence.

There are all sorts of people in all sorts of life circumstances for whom the technician or technologist role would be appropriate and satisfying.

Summary

But perhaps this prologue is now long enough. We have tried to point to some changes in the persistent cautiousness toward the innovative and sanctioned use of subdoctoral professionals in psychology. And we have offered our opinions as to why this might be so. We have indicated why we at the University of Florida were particularly interested in this potential development, and how we finally got the project off the ground. Also we have tried to sketch out a schema for a career ladder, functioning credentials, and the manpower pool from which our candidates can be drawn. We have said a word or two about duties, knowledge, skill, and attitudes necessary for the various roles we have outlined.

Now we turn to the specific details of our experiences. This succeeding material was written by Dr. Mary McCaulley, Assistant Professor of Clinical Psychology and Psychology.

We were fortunate in having her on our staff, both for her previous background and experience, as well as for her creative engagement with this project. Dr. McCaulley's experience included personnel work in a large industrial setting, and she was skilled with the protocol of personnel procedures and in articulating occupational classifications. She has been a persistent champion of the project in the face of many difficulties—not the least of which was the diversity of attitude of our own clinical staff, which ranged from enthusiastic championing to skepticism. It took great skill to keep up the level of morale, cooperation, and data collection. And our experimental subjects, primarily our psychological assistants, but our staff and interns as well, had many ups and downs in mood and conviction. Dr. McCaulley kept the project going to its conclusion, meeting most of the goals she had set for herself and all that were called for in the contract.

In some ways it has been remarkable that the personnel involved stayed together for thefull two year period. Our psychological assistants were devoted to their self-imposed obligations to the point that some postponed having their babies and moving away in order to finish the project. We are grateful to them.

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PART III

RECRUITMENT AND SELECTION

Planning Stages

The staff of the Department of Clinical Psychology asked the coordinator of the project to attempt to have the psychological assistants in their settings by Labor Day or shortly thereafter, so that they would be acquainted with their services before the arrival of interns and practicum students on September 7, 1966. With little over a month allocated for recruiting, the first decision was to seek candidates through centers of influence who would serve as initial screening agents.

The staff decided to look first for college graduates, and not to take advantage of the provisions of the contract to select well-qualified candidates who had not graduated from college. This decision was taken in the interests of homogeneity of the group, and in the belief that the roles proposed for the assistants would more appropriately be filled by college graduates.

A second decision was to seek candidates available to work a 40-hour week with occasional evening and overtime work. In retrospect, several staff members questioned this decision. Several good candidates were eliminated who would have been enthusiastic about part-time work, but whose children were not old enough yet for their mothers to assume the obligations of working full time.

In general, the coordinator was seeking five candidates who represented a range of ages, backgrounds, and personality types. All understood that it is difficult to generalize from a sample of five (later expanded to seven), but the staff desired to attempt to generalize through heterogeneity of the assistants, supplemented, of course, by heterogeneity of the settings in which they would work.

Sources of Candidates

In accord with the decisions to begin recruiting through centers of influence, the coordinator and other members of the faculty of Clinical Psychology discussed the requirements sought in the psychological assistants with a wide variety of persons, including faculty in the Colleges of Education, Arts and Sciences, Medicine and Nursing. Persons who might know mature women ready to reenter the work world were contacted, including leaders in community organizations, the hospital auxiliary, and faculty wives' groups. An attempt was made to secure recent graduates through the university placement and personnel offices, which later also circularized other Florida Universities.

From these efforts about 20 names came to our attention. It was then decided to see what the effect public advertising might have. During the week of August 15, a news release about the contract appeared in Gainesville, St. Petersburg, Tampa, and Jacksonville newspapers, as well as on the radio.

The weekly newsletter of the Medical Center also carried news of the contract. In addition, the University Placement Center placed an advertisement in the Gainesville Sun, the local daily newspaper, which ran for three days.

As a result of all recruitment activities, a total of 70 candidates were screened. The source of the 70 candidate contacts was as follows:

News release	14	
Want ad	20	(1 accepted)
Direct faculty recommendation	14	(2 accepted)
Recommendation of centers of influence polled by faculty	11	(1 accepted)
Friends, rumor, spreading from faculty contacts	8	(2 accepted)
Referred by other applicants	2	
Applied for secretarial job	1	(1 accepted)

It will be seen that the original activities of the faculty in spreading the word about the contract and the kinds of persons wanted were more effective than the use of the news release and placement services. In retrospect, an even more intensive campaign to contact centers of influence might have been more productive. One problem that might not obtain in other recruiting efforts was that August is a month when the student and faculty population is lowest. Had we waited to recruit until the university opened in September, the task would have been easier.

Of the 70 screened, 7 were male, 63 female. It was our experience that male college graduates willing to work for $5,000 a year on a two-year project with no guarantee of future advancement were of quite a different caliber from women graduates willing to make such a commitment.

Of the seven men, only one met the criteria for selection, and his best interests were more adequately served by moving more directly toward his career goals.

The activities involved in processing of names from the 70 candidates can be broken down as follows:

1. No personal contact	
a. Referred by center of influence, did not qualify so not contacted.	9
b. Letter from applicant. Did not qualify so not interviewed	6
c. Application from placement. Did not qualify so not seen	4
2. Telephone contact but no personal interview	18
3. Personal contact	
a. Interviews by coordinator (10 involving considerable counseling)	30
b. Interviews by other members of staff: 13 people, 25 interviews	13
4. Other contacts for investigation of applications	19

As can be seen, an effort was made to conserve staff time by referring for interviews only candidates seriously considered.

The reasons for not accepting the 63 rejected applicants were many. Of the 63, 36 were rejected at initial screening, 6 after they had applied formally; in addition, 20 withdrew before completing the application, and one after fully applying. Of those 36 rejected on initial screening, 15 were underqualified (8 not college graduates, 7 graduates with average to low-average academic records); 5 were overqualified, 3 with a master's degree in counseling or related fields, two nearing a master's. A group which involved considerable counseling included 12 where it appeared their best interests would not be served by accepting them for this project. These included candidates who had already been accepted in graduate school, candidates in other fields where they had achieved or were nearing professional status (nursing, landscape architecture, music education, law, foreign languages, teaching, social work, etc.). The other 4 of the 36 rejections involved one applicant rejected for health reasons, and 3 who applied too late to be considered.

The reasons for the 21 withdrawals by applicants were: responsibility of home and family (8), not wanting to commit self to two-year project because of desire to begin having a family (2), decision to stay on present job (6), planning to be in the area for only one year (2), decision to enter graduate school (2), and other reasons (1).

The Application Process

The typical process followed by applicants seriously considered began with a discussion with the coordinator of the general purpose of the project, with explanation that the accepted candidates would simultaneously be learners, workers, and research subjects. It was explained that the contract was for two years, and that we were seeking college graduates with academic records good enough for admission to graduate school. No academic credits would be given for the training, and there was no assurance of employment beyond the end of the contract. Interested candidates then read the contract proposal itself, and, if they wished to apply, filled in a university employment application form plus a questionnaire asking specific questions about psychology courses taken, experiences with persons undergoing life crises, personal commitments which might affect ability to work full-time, and personal goals. All applicants took the MMPI, to be used primarily as a basis for learning in later testing activities.

Candidates who were actually interested and who met screening qualifications were interviewed by two, sometimes three other staff members.

Selection

The first candidate was selected on August 1, 1966, a faculty nominee. The second was chosen August 15 and was also a faculty nominee. Three more were selected August 25 and 26. A sixth person was transferred from another job in the hospital and it was possible to arrange for her to join the group from the beginning, even though she did not enter the program officially until mid-September. After the entire group had been together for over a week, a seventh member was added. This candidate had come in to apply for a secretarial job. Her background amply fulfilled the qualifications for psychological assistant. At just that time an opening developed in Child Psychiatry for a person to be paid by Child Psychiatry and to be under the supervision of the Clinical Psychologist affiliated with the Child Psychiatry service. Arrangements were made for this person to be trained with the remainder of the group. As a result, all clinical psychology services but one (Ophthalmology) had a psychological assistant.

The ages of the seven assistants were 22, 22, 23, 24, 25, 33, 35. Their degrees included Bachelors in Human Relations, in Elementary Education, in History, in Business Administration, in Art, and in English. One assistant had a Bachelor's in Russian and German and a Master's in history. All were married. Three had children.

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PART IV

OPERATION OF THE PROGRAM

Orientation

Preliminary Phase

The faculty in the early stages of the project had independently listed the kinds of activities in which they expected assistants on their service to be engaged. Regardless of service, a common wish was for assistants to be cognizant of scheduling patients, making sure psychological diagnosis or treatment was done and reported to the proper persons within a reasonable time, and that charges and other accountingwere initiated properly. In planning the material to teach assistants, therefore, time was allocated for meeting the hospital personnel involved in these patient-care activities. The only secretary of the department who understood departmental procedures left the University August 19, 1966, with no replacement yet hired. The first two assistants, therefore, were assigned to spend August 18 and 19 learning what the secretary could teach them, and from then until September 1, tried to run the office and familiarize themselves with all procedures. As a result these two came to know staff and students rapidly, and when the rest of the group arrived they had achieved a familiarity with the service which gave them status in the group, a special position which remained for some months.

Situation on Arrival

The assistants entered the department at a time when many changes were in process. Twice as many interns as heretofore had been accepted, necessitating many changes in the intern training procedure. The number of practicum students remained the same. The location of rooms was also changed. Mainly in response to the coming of the assistants, the faculty had been looking again at the allocation of office space. Despite the recent addition of three more rooms in the area already occupied and two in an adjacent trailer, marked overcrowding was anticipated. Formerly, interns had been housed in one large room, and practicum students had used a small office with a counter in it. With the coming of more interns and the psychological assistants, the staff decided to relocate space so that each faculty member might have the psychological assistant, interns, practicum students, and secretary (if any) assigned to him in an adjacent office. At the time the psychological assistants began working, this decision had been taken but not implemented. To complicate the situation even more, the hospital decided to paint the entire area, so the first week required constant shifting to make room for the painters, and much rearrangement of furniture and equipment.

The First Meeting

The entire group of 6 psychological assistants met together for the first time September 1, 1966. At this time, most of the faculty were in New York for the American Psychological Association meeting and the students had not begun to come in. After a brief introduction, the 6 assistants were asked to pair off for half an hour, after which time the group reconvened and each assistant introduced her partner. This procedure warmed up the group effectively. Introductions showed a task orientation, with much emphasis on educational background and the areas in which the partner might make contributions to the work ahead. Interviewers also reported on home background, husband's occupation, whether or not the partner had children. Any commonalities of background or present life situation were noted in a tone which showed the importance of such bonds in establishing the early group relationship.

First Assignments to the Group

The psychological assistants were given two major assignments:

1. To make an inventory of all the furniture, major equipment and test materials in the department. This assignment had a two-fold purpose: (a) The department needed a better plan for controlling such equipment and supplies, and had no complete inventory; (b) Taking the inventory was seen as a rapid way of orienting the assistants to the physical setting of the department, and all agreed that in two days they felt very much at home everywhere.

2. To meet with the staff in order (a) to learn from each his ideas about how the department might be more efficiently run; (b) to learn about the plans that the staff member had for his own assistant, and to learn more about his service, including taking a tour of the area; (c) to begin accumulating information about possible criteria for evaluating changes in the productivity of the service as a result of the presence of the assistant. The purpose of this assignment was to make is possible for staff and assistants to know each other better, and to orient all assistants to the overall department operations, before they should be assigned and begin to specialize. Both staff and assistants were well aware of the mutual appraisals going on at this time.

Working on the Assignments

The group was largely left to organize itself in working on the assignments, and took the responsibility for setting up appointments with the faculty, arranging to tour the Outpatient Clinics, and creating inventory records. To the coordinator it appeared that they were sometimes operating in small groups, sometimes as a unit. The following week, however, all commented at different times that they had felt they were supposed to stay together all the time, and that they had intimidated people by "swooping down all at once." Various members began making comments that efficiency might be served if they split into small subgroups, and with the coordinator's encouragement, they did so. Even before this, however, from the first day, different members had begun to emerge as "specialists" (the mechanical one, the one with neat handwriting, etc.).

Inventory of physical equipment was completed first, and was turned over to secretarial personnel. The assistants' questions led to identification of material thought lost, to discarding of material no one was using, and to relocation of material in areas where control could be exercised.

Inventory of test materials was completed to the point that one psychological assistant could be assigned to set up a control system. All tests owned by the department were located, numbered, and assigned to services where their use could be better controlled.

Assistants met the entire staff, toured their services, and obtained their suggestions for improvements in department procedures.

Plans were drawn for better use of office space and one assistant obtained prices on desks and equipment and carpentry work.

Other Orientation Activities

The entire group participated in the Health Center orientation program for new employees, for their own information and as a source of material for the orientation manual. They also began a scheduled three-day orientation program conducted for new nursing personnel. Problems in connection with getting them on the payroll made it impossible for them to attend the second day's meetings, and appointments with staff prevented attendance the third day.

On the second week the entire group attended Psychiatry Grand Rounds and returned enthusiastic and excited at their first glimpse of "the real thing."

Assignment to Services

By the fifth or sixth working day, the assistants were beginning to ask about the services to which they would be assigned. By the eighth working day they had completed their interviews with the staff, and tension level was very high. Not only were they anxious to be assigned, but they were tired of the original assignments, their "busy work" as some called it, and wanted to do something that involved "learning psychology." Much informal negotiating was going on behind the scenes, with various members of the group tacitly agreeing that they would leave a clear path for another member who they knew wanted a given service. The coordinator discussed with assistants their attitudes about assignment to each of the services. While assistants used various criteria, their assessments were primarily in terms of their interests in the work, whether they felt they could learn it, and, sometimes hesitatingly or with embarrassment, an assessment of whether the staff member would be easy or hard to work with, and how they felt they would deal with problems foreseen. In the main these assessments showed considerable acuity.

While the staff had not had as much opportunity to study assistants individually as the assistants had to study them, most had several preferences in the group. The coordinator presented to the staff a proposed list of assignments, in which each assistant and each staff member received one of the two top choices of his list. The recommendations were accepted by the staff unchanged. When they were communicated to the assistants as a group, there was so little comment that all discussed it later, wondering why "we all sat like lumps." All agreed that after the extreme build-up of tension, the actual announcement was anticlimactic.

Six assistants were assigned to staff psychologists working with the following services: Inpatient Psychiatry, Outpatient Psychiatry, Child Psychiatry, Neurosurgery and Medicine, Pediatrics, and Obstetrics and Gynecology. The seventh was assigned to the staff psychologist concerned with Community Mental Health.

Beginning of Apprentice Training

It was decided on September 15, 1966, when assistants were assigned to services that they would be given two weeks to work into the service setting before formal training was begun. During the two weeks, except for the T group sessions and any activities connected with original work assignments, the assistants were to be wholly with the assigned service. Discussions with the group soon indicated growing enthusiasm for each service, with the enthusiasm at this stage about in proportion to the time spent with the assistant by the staff member, and how much the assistant felt accepted by the interns and practicum students on the service. As one of the most satisfied assistants said, "They ask my opinion as if I knew something. When I say I don't know, they teach me."

Introduction to Testing

It had been planned to administer to all assistants the tests they would learn to give, so that they would understand how the person being tested feels, would experience the skill of a trained examiner, and would later be able to answer the question "I wonder what I would have done" after they had developed enough sophistication to interpret test results. All assistants had been told during the selection process that testing at various interbals would be part of the program. With the assignment to services, it immediately became apparent that early training was going to involve observation of test administration. At this time the two staff members who had planned to do the testing did not have sufficient time to test all assistants,and various informal arrangements were made with interns in some services to try to accomplish this. An employee in one service who had served as the model for the present research, and had status among the psychological assistants as "the senior assistant" administered a battery to several of the group, pointing out as she did the fine points of administration and scoring. The assistants who had this experience were enthusiastic about the learning experience it had been for them.

Shortly after assignment to services, it was determined that assistants would soon be scoring MMPI protocols. All had taken the MMPI before and after employment, and were referred to the manual to learn how to score. Using the manual as a cookbook, they tried their hand at interpretation, with the result that great anxiety was generated in the group. This was partially alleviated in a group meeting, focused on the many kinds of normalcy, and the need for taking a critical look at all test findings before accepting them blindly.

When the coordinator communicated her belief that MMPI as a learning situation had been mishandled by her, and that the effects of this mistake would now have to be evaluated, several of the group showed amused relief. Most of them still had some remnants of their preconception of psychologists as "people who know all about you and don't make mistakes," and comments throughout these early days reflected a struggle to maintain this image in the face of their daily confrontation with human fallibility, increased by their initial focus on areas where procedures needed improvements. The repercussions from the MMPI incident were discussed by the staff at the following faculty meeting. There was general agreement that the entire matter had been mishandled, and distress at the upset caused to some of the assistants. (Not all were traumatized, however. For example, one remarked "I'm too complicated for a bunch of questions to explain me so I didn't worry about it.")

The original plan, communicated to all applicants, had been for psychological testing at intervals throughout the program, with the aim of seeing whether changes perceived in themselves during the program, were reflected in the tests. The details of which tests, by whom administered, and at what intervals had not been worked out, in the pressures of selection and orientation. The staff discussion led to a further consideration of the relevance of testing the psychological assistants. Within the staff, the gamut of opinions about psychological testing exist, from those who are staunch adherents of psychodiagnosis to those who would abolish all but observations of behavior. In a heated discussion, it was decided that no testing of the assistants would be done, the deciding point being carried by several staff members who held that psychological tests have utility only in psychopathology, not in "normals" like the assistants. The discussion also pointed to an issue which became much clearer later—a sense that the assistants were primarily employees, and as such, testing was an invasion of their privacy.

At the end of the program, assistants agreed that they had expected testing and were disappointed that the staff had not carried out the original intention to assess changes. (The evaluation team also expressed regrets.)

Despite the wide range of opinion within the staff, we believe that, with time and careful preparation, and with arrangements for testing to be carried out by psychologists away from the setting, it would be possible and valuable in a future program to obtain systematic test data.

Training

The contract between the Department of Clinical Psychology and the Bureau of Health Manpower specified the following training activities:

"Develop and carry out an in-service training program to prepare each psychological assistant for the specific duties to which he will be assigned. Various training methods, such as short courses, seminars or workshops shall be explored and utilized.

"Develop an analysis of the relevance and effectiveness of in-service training methods used in the preparation of psychological assistants.

"In

"Include in the final report a detailed description of the curriculum for in-service training programs developed for the psychological assistants."

It was the expectation of both parties in the beginning that the most important training information to come from this project would be a rather formal recommended curriculum. (This expectation, however, was more clear on the side of the Bureau of Health Manpower's Contract Officer than in the mind of the faculty.) From the first month of the operation of the project, however, it began to be clear that the individualized training and apprentice-type learning was most meaningful to the assistants. For reasons given below, group training with rare exceptions played a less significant part in the knowledge considered by both staff and assistants as most important. This does not mean, however, that the group training experiences contribute nothing to our knowledge of psychological training for nonprofessionals in psychology. The following sections will describe many training variables that future programs should take into account. We simply wish to warn the reader that the curriculum given in Appendix B is not a recommended curriculum, but rather a listing of a variety of experiences, some useful and some not. The reaction of the assistants to these experiences, assessed during and at the end of their training, form the basis of our discussion of variables which in this setting made the training more or less valuable.

Situational Influences Affecting Training

A brief description of the situation in the department, and the context in which training decisions were made during the program will help the reader understand the following sections on individual and group training.

First, as described earlier, the assistants came on the scene at a time when the staff was faced with an increase from 6 to 12 interns, a reorganization of department space, and a shortage of secretarial help. Former intern training programs were being revised or abandoned, and much staff effort and concern was taken up with intern and practicum student training changes. Although there was seldom a direct confrontation of training demands for interns vs. assistants, it was clear throughout that in a showdown, intern training needs would have priority.

Second, the organization of the Department of Clinical Psychology, part of the College of Health Related Professions of the University of Florida, is unusual in that each faculty member has a close liaison with a different medical setting. (There was only a brief period during the contract when two faculty members were affiliated with the same setting at the same time.) The department is an academic department whose primary function is the clinical training of psychology graduate students. There has been no funding to provide general psychological services to patients and there is no centralized psychological service to which requests for diagnosis and treatment are referred. Each of the faculty is involved in teaching and research along with his clinical responsibilities, and there are wide differences among the faculty in the time each allocates to these three activities. In the more conventional settings for psychologists (the affiliations with inpatient, outpatient and child psychiatry, and the neuropsychology section), the faculty attempts to provide enough patient service to stimulate requests of different types of cases, so that student training needs can be met. Less conventional settings, i.e. obstetrics and gynecology, discourage service requests. The department faces a constant problem of providing enough service to meet training demands, without stimulating requests to the point where the system is overwhelmed. One purpose of the psychological assistant project was to see if assistants could be a stabilizing force in meeting service needs, handling overflow cases, repetitive cases, and service demands during vacation periods when students are absent. For understanding the training experiences of the assistants, it is important to realize that because the department is organized in autonomous services without a central psychological service, individual assistants received quite different experiences in psychological assessment, in terms of type of patient, reason for referral, extensiveness of test battery, and amount of assessment. Looking at the situation another way, the extent of a staff member's emphasis on clinical service, the medical department of affiliation, and to some extent the interest of the assistant, all affected the amount of training and experience in psychological assessment.

The program at the University of Florida, therefore, is quite different from those programs which focus on training psychometricians, such as the University of Missouri's Clinical Psychology Technician described by Sines (1967). Some of our assistants indeed spent a very large amount of time in providing psychological services, but the activities of others were spent largely in research or administrative work.

It is well to be explicit about another aspect of the departmental organization that affected training. The fact that the faculty are affiliated with different settings is not merely an indication of differences in milieu, but also in important differences in the faculty itself. On almost every controversial issue in psychology today, the full range of views will be found among the faculty of the department. There are proponents of the view that the major contribution of clinical psychology will be in addition to knowledge through research, and the view that the new psychologist must leave the ivory tower and become an activist in the community. The range of views that most profoundly affected the training of the assistants related to psychological assessment and psychotherapy. Some staff members are actively involved in developing and validating assessment measures, and have a large service load in assessment. Others are vociferous in the opinion that the day of testing is over, and that assessment, if done at all, should be by behavioral observations made in association with behavior modification. A similar range of opinions is found in respect to psychotherapy, with some members actively involved in individual treatment, others more concerned with group methods, some focusing almost exclusively on behavior modification approaches, and others preferring a consultant role with others responsible for the treatment itself. Several staff members with high interests in assessment and research spend very little time in treatment activities. The department, thus, presents to its students a wide range of role models from which to choose. For graduate students who are exposed to several services, staff differences hopefully facilitate a searching examination of issues in psychology, and a development by each student of his own identity as a psychologist as he integrates various views into his own structure of interests and attitudes. For the psychological assistants, who came with fewer preconceived notions, and who were in the main exposed to one psychologist, the differences among the staff tended to be seen as sources of confusion, of disruption of training, or as irreconcilable conflicts. Although a sincere attempt was made in group training to acquaint all the assistants with the views of each staff member, the assistants continued to see staff differences as greater than similarities. While there was much truth in their perceptions, an initial expectation that the staff would be a united group wholly and totally committed to training them, an expectation early and frequently disappointed, doubtless heightened the assistants' awareness of differences among the faculty.

A third influence on training decisions came from the fact that the training contract specified project goals which often seemed to run counter to each other. One aspect of the project related to training nonprofessionals, with the focus on how and what the assistants learned. Another equally important aim was to understand how a clinical psychologist would increase his productivity through having an assistant available to help him. In the original discussions of the program by the faculty, the emphasis was much more on who of the staff needed an assistant, and what each psychologist thought the assistant might do to help him. There was some politicking among the faculty to make sure of obtaining an assistant, since it was clear from the beginning that there would not be enough to go round. Thus the set of the staff at the beginning, and to some extent throughout the program, was to see the assistants as helpers on their service, rather than students to be trained. The fact that the assistants were paid $5,000 a year and worked 40 hours a week reinforced the perception of them by faculty and the assistants themselves as employees more than as students. A constant irritation throughout the program, for faculty, assistants and the coordinator were conflicting time demands, with the faculty resenting interruption of their activities because of the assistants' absence to attend classes, and the assistants feeling guilty for attending class when they knew they were needed on the service.

The priority of the worker role over the student role was an important factor in the decision to conduct this program on an apprenticeship rather than a group-training, more traditional academic model, a decision made in stages but stemming from the first month of the program. In the second year the faculty considered rotation of assistants to broaden their training and to gain information about how much training would generalize to a new setting. The decision was made not to rotate the assistants on the grounds that rotation would defeat another aspect of the contract, the understanding of changes in the productivity of the psychologist, by interrupting many ongoing projects in which assistants were involved.

Another result of the emphasis of worker role over student role appeared in the attitudes of some assistants toward group training. At times all of the group sought wide exposure to psychological material, since all were concerned about being well-prepared to meet the requirements of the unknown psychologist who would hire them at the end of the project. In some assistants, however, increasing identification with their service appeared in an implicit assigning of priorities in material to be learned, and they were noticeably more receptive to material immediately relevant to their current work activities, and resistant to "irrelevant" material.

A fourth influence on training was that the assistants were not only workers and students, but were explicitly seen by themselves and the rest of the department as research subjects. In this role, they participated actively in making suggestions about training and in reporting their reactions to training experiences and to work experiences which facilitated or impeded training. So far as possible, the training program was adjusted to meet the assistants' recommendations. Their openness and perceptiveness in their "guinea pig role" make it possible for this report to include many observations on student attitudes which, while not unique, are usually little known to those doing the teaching.

Finally, the matter of timing in the instituting of the program had important ramifications for training. As noted above, the major preliminary discussions of the faculty had been concerned with what the assistant might contribute as a helper of the psychologist. The program was approved in midsummer, while the coordinator was away on a demanding professional institute. On her return, there were two months in which to recruit assistants and work out the administrative details of financial remuneration (complicated again by their mixed worker-student status). With many of the staff away in July and August, it was difficult to find staff available to interview and screen applicants, and there was no time to sit down and consider training issues. In retrospect, it is doubtful that, given the situation and faculty goals for the program, any coordinated training program could have been agreed on, had there been time. As it was, there was no agreed-on, long-range training program which might have been a strong deterrent to the decision for emphasis on apprenticeship as opposed to group training. Now that the program has ended, one consistent criticism of the program by all concerned deals with the lack of structure during the early months, with training described as "confused," "unorganized," "too late." The criticisms fit the feelings of the coordinator who at that period felt that developments were always far ahead of plans, forcing decisions without time for consideration of long-term effects. On reviewing the project diary there are many reports of complaints about disorganization but also reports of staff criticisms because "there is too much structure" or "the program is over-organized"!

The coordinator in the first months took the position that she would plan group training around the expressed needs of the assistants, using as faculty those staff and interns who were willing and had time to teach the assistants. Later group training involved topics the staff decided the assistants needed to fill in gaps of training; by this time the assistant expectation for self-determination in training was such that the assignment of seminars by the faculty caused resentment, anxiety, and resistance, which were worked through, with some stress to the instructor. In general, the democratic approach to the curriculum worked very well, but from time to time we yearned for the more conventional and docile student who quietly does as he is told without comment!

To summarize, training decisions were affected by the separation of services, the influx of interns, the contradictory demands of the contract for studying the psychologist as well as the assistant, and the attitudes toward the project of both staff and assistants. Since the interactions among these sources of variance cannot be neatly quantified, the following sections on individual and group training will be descriptive of the attitudes of assistants and those who instructed them toward a variety of learning experiences.

Individualized Training Programs

It was the consensus of the assistants, corroborated by the faculty, that the most meaningful learning experiences occurred within the apprenticeship. "The sessions with my supervisor were the best learning experience. It was good to be pushed into performing and then talking about it with him." "I have learned most of what I know about research and virtually all I know of the treatment of "disturbed" adults from working with my supervisor in studies and with patients." "Contacts with my supervisor and the interns on my service were the most effective way of training me."

What were the experiences that promoted the best learning? To summarize in advance, learning proceeded best when the assistant performed a task and then had immediate feedback and discussion in an atmosphere which accepted errors as inevitable and to be learned from. Most assistants reported being pushed into activities before they felt ready, and were exhilarated to find they had managed to swim rather than sink. As an example of sink-or-swim training, here is a description of the introduction into testing of one of the assistants. "I read the manuals but made no plan to start testing. I was told by the intern as she got ready to test the third patient I'd ever seen that I would do the Peabody when she finished the Binet. From that first testing with no true preparation I gradually reached the point of administering all tests without supervision of administration." Another assistant said "If I had been given the opportunity to wait until I was ready to test, etc. I would never have given a Binet or done a consultation yet. I was pushed, I swam, I learned. Self-confidence for me came with the doing. I know of no way to relieve the anxiety concerning the 'first' in any situation except by doing it." One advantage of individualized training over group training appears to be that the faculty-assistant interactions permitted the supervisor to judge the readiness of the assistant, so that pushing was well-timed, and accompanied by few failures.

Psychological assessment.—For most but not all assistants, assessment was learned early. As a task which is "psychological," valued, structured, and with a definable output, testing has many advantages for original learning. Those assistants who learned assessment early gained a confidence from having "something psychological that I can do." Those who saw many patients, built up experience which convinced them that there are indeed many styles of being "normal" and made them more open to learning dynamics and psychopathology.

A composite description of successful learning of assessment would include some or all of the following experiences:

1. Observation of psychologist or intern administering a test battery.

2. Taking the test as a teaching exercise. (The prototype for the assistants who had several years of intensive experience in testing neuropsychology patients provided two very helpful experiences to a number of the group. First, she administered the WAIS individually to the assistant, commenting on scoring and administrative problems, Next, she let the assistants administer the WAIS and other tests to her while she role-played different kinds of patients who present problems.)

3. Administering tests to other assistants or to practicum students or interns.

4. Sitting in on the administration of a test battery and giving some of the tests.

5. Sitting in on the conference at which findings are evaluated and integrated.

6. Administering tests alone with concurrent observation/or with videotaping and subsequent evaluation. (The observation rooms were used frequently for teaching test administration. Videotape equipment was not then available for use, but would be used now as a valuable teaching aid.)

7. Study of manuals, for administration and scoring.

8. "Cookbooking" interpretations.

9. Becoming comfortable enough to venture a comment or interpretation in the conference with the intern or supervisor.

10. Beginning to write reports, often beginning with the "Observation of Behavior" section, or the interpretation of intellectual evaluation. The timing of report-writing was one of the most variable aspects of the training. One assistant, an English major, gifted in writing, sat in on conferences with the psychologist and intern, and drafted reports based on their discussion before she had ever administered a test. Another assistant did not write her first report until months after her supervisor (and secretly she herself) knew she was competent to do so. Being able to write reports without prior discussion with the psychologist, without having to make major changes was considered by the assistants as a true sign of mastery.

The following quotations from progress reports to the Project Officer will show the kinds of individual training experiences considered valuable by assistants and staff at two points in the project. The first group of experiences are reported after 3 months of training, and the second after 9 months.

Individual Learning Experiences as Described in 3-Month Progress Report

Psychological testing.—Following and concurrent with Dr. McGee's lectures on testing, the assistants practiced administering intelligence and other tests to each other and to such other subjects as they could capture. For some, the prototype for the assistants, and the graduate students, served as subjects, role-playing responses and behaviors that pose problems to examiners. For others, an intern, a staff member, or the prototype administered a test to the assistant, commenting on scoring and administrative problems encountered. These experiences were considered very valuable by all assistants so exposed.

Arrangements were made for observation of psychological testing on the inpatient psychiatry service; most assistants attended one or more test sessions, and reported increased appreciation of the variety of responses to be expected.

On those services where assistants will do much testing, the assistant early accompanied practicum students, interns, and staff members, first as observers, then to administer part of the test; and finally to do the bulk of test administration, first under observation, then on their own. This apprenticeship learning is highly favored by the assistants. They are also doing considerable reading about the tests they administer. Individual intelligence tests and the MMPI have been learned first. Some of the projectives whose administration is straightforward have been administered by some, and several have given the Rorschach.

Test Interpretations.—Assistants have participated in test interpretation conferences on their services with students and staff. Four have tried their hand at scoring some tests, at working out "cookbook interpretation," and at writing all or part of test reports, with some success. All express concern at becoming better observers of behavior, since they will have to write Behavior Observation sections of reports for patients they test.

Interviewing.—All assistants have observed a variety of interview situations, and most have conducted at least two information-seeking interviews with patients or their families. Learning, as in testing, proceeded from observation to sitting in, then to conducting the interview independently.

Psychological Treatment.—Opportunities for exposure to treatment vary widely according to service, with inpatient, outpatient and child psychiatry presenting the most opportunity to the assistant. All assistants have observed group psychotherapy, family therapy, and/or behavior modification sessions. The group has developed informal arrangements whereby assistants on the "have-not" services are invited to other services for observation. Several students go over their tapes with small groups of assistants, relaying the comments on the tapes given by their staff supervisors. Both students and assistants find these sessions valuable.

Training Opportunities on Individual Services.—In addition to training given by psychologists and their students, the assistants have learned much from participation in the activities of the services with which they are affiliated. Assistants attend case conferences, teaching rounds, consultation visits, and lectures given on the individual services. Many make it a point to attend Psychiatric Grand Rounds weekly. Thus far, these experiences have been mentioned as giving knowledge of staff, vocabulary, methods of approaching problems, attitudes, etc. With time the subject matter of such conferences can be expected to be more meaningful.

Learning by Doing.—All assistants report learning much about patients and about the operation of their services through their activities in scheduling and coordinating appointments for assessment and treatment. Several have been doing literature reviews, graphing and analyzing research results and are acquiring more understanding of research.

Informal Learning.—All assistants report much learning from each other, from students, and from staff during casual conversations, coffee breaks, and other unplanned encounters. Assistants often buttonhole students, asking for information or clarification of points that puzzle them.

Reading.—All assistants have been given assigned readings on their services. A bookshelf of general books on clinical topics has been assembled from faculty libraries, for loan to assistants. Other recommended books are being purchased.

Individual Learning Experiences as Described in 9-Month Progress Report

The individual learning experiences described in the previous report are still important: learning-by-doing, conversations with staff, interns and practicum students, individual reading, and visiting the services of other assistants. Many assistants attend Psychiatric Grand Rounds, and most attend teaching rounds and case conferences on their own services. The extent to which assistants learn from other services seems to be a function of their own curiosity, the amount of time free from pressing duties on their own services, and being in a communication network which alerts them to interesting meetings. The group recently compiled a list of "good" conferences on each service, and these are posted on their bulletin board.

Academic Coursework.—The assistants, as university employees, are entitled to take one course each term, tuition-free. Informal arrangements can also be made to audit courses.

One assistant early in the program audited a course in projective techniques and found it difficult. Two attended a graduate seminar in suicide. One of these had experience in suicide prevention before becoming a psychological assistant; since the course was presented by her supervisor, she did much work in preparing a bibliography for the course, and led the discussion for several of its sessions.

Another assistant formally enrolled for credit in a course in the College of Education (Educational Psychology: Human Development) which she has enthusiastically recommended to the other assistants.

Another enrolled for a reading course with her supervisor.

Since the program is being conducted in a university setting, the staff has wondered if we should not avail ourselves more of the academic courses already offered in various colleges. Specifically, we are considering assigning the assistants to take Abnormal Psychology instead of teaching them psychopathology. There is agreement that this is a good idea, although for the research design it is more parsimonious to stay with the apprentice model of learning. The question is whether it is possible to arrange for the assistants to be away from their services for the required time. The burden of required assignments is an additional problem for some of the assistants, especially those who have children. It has not been easy for them to find time for the assignments of the classes held for the assistants alone.

Institutes and Workshops.—Preceding the Florida Psychological Association meetings in May, 1967, the Association sponsored a one-day workshop in which Ralph Reitan presented material on neuropsychological tests of children and adults. Under the contract, tuition of $15.00 each was paid for two assistants. The Association as a courtesy to this training research project, permitted three other assistants to attend without charge. All assistants were interested in the materials and cases presented and were gratified that they had so little trouble following; indeed the assistant whose duties involve activities closest to those presented by Dr. Reitan was disappointed that there was so little that was new to her.

The Community Psychology section of the department is cooperating in sponsoring a workshop on Planning Emergency Treatment Services for Comprehensive Community Mental Health Centers in September. Time will be given for assistants to attend sessions in which they are interested. Several will be more actively involved as right-hands to the major speakers.

Individual Learning Experiences from 9-Months to End of the Program

In general, the final year of the program involved a broader and deeper understanding of materials learned in the early months of the program.

Psychological Testing.—All increased competence in test administration, some added new tests to their repertoire. Some became very proficient in writing reports including intellectual and personality measures, other were proficient in writing reports covering cognitive functions but made only sporadic efforts at writing personality descriptions. All had some exposure to Rorschach, all but one had administered the test at least occasionally, and several had tried their hands at interpretation. Several staff members who initially felt it would be unethical to teach Rorschach to the assistants later became willing to do so, provided time were available to teach the test properly. Several assistants invested considerable time in studying Rorschach on their own and with their supervisors, and then decided that there were too many other demands on their time for them to learn so complicated a test really well, and discontinued their efforts.

Sitting in on discussions of test findings with supervisors, interns and practicum students was a major learning experience. Several opportunities arose when a research project or large-scale assessment task in one service required more than one assistant. Assistants from other services were borrowed, and reported these experiences to be excellent learning experiences. They were encouraged to find how much their training generalized to a new situation. The main new learning involved (a) an opportunity for assistants whose primary work had been with adults, to test children, and (b) the experience of testing a large number of the indigent population, an experience which dramatized to the assistants the meaning of "cultural deprivation" in cognitive functioning.

Interviewing.—All assistants acquired considerable experience in the interview through work with patients, their families, and research subjects.

Behavior Observation.—All became more adept at observing and drawing inferences from behavior. All were exposed to systems of recording behavior, and two became highly skilled in recording individual and group behaviors using several systems of recording.

Psychological Treatment.—The question of learning psychological treatment was one of the most perplexing for staff and assistants. In the orientation sessions, the department head told the assistants that whatever they were capable of learning in psychology, they would be permitted to learn. In general, the assistants' supervisors were open to the assistants' learning whatever they could. In the area of psychotherapy, however, questions of professional responsibility to the patient, and questions of eithics arose.

Several assistants pushed hard for training in psychotherapy from the early days of the program, justifying their claim by reminders to the faculty of Margaret Rioch's housewife-therapists. Several showed a strong disinterest in treatment. One (who later did become involved in treatment) reported at almost every early interview with the coordinator her annoyance with her supervisor who had told her "You will never get to do psychotherapy." At that time she was not sure she wished to become involved in treatment, but was angry at the restriction. The coordinator took the position that this program involved a broad range of learning, that there would not be enough time in group training for thorough training in therapeutic skills, and that each supervisor was free to handle the matter with his own assistant as seemed best for both.

In a survey of the faculty when the assistants had been working for 9 months, one question asked "your opinions on how much assistants are, or will, or should do psychotherapy. Some of you have expressed concern that assistants will overestimate their abilities in treatment. What are your thoughts on this"? Replies will show the concerns and range of opinions among the staff: "I think one should take a very, very guarded approach and should treat each assistant as an individual. Those who have sensitivity and maturity should be encouraged and carefully supervised. The others' interests should be channeled elsewhere." "I'm conservative about this at this time. Not unless structured (such as behavior modification)." "Even psychiatry is abandoning the notion of psychotherapy. Why should we be so unkind as to saddle these innocents with it"? "With my assistant I plan to have her do child therapy under close supervision." "I don't think they'll overestimate. I doubt they'll ever be recognized or capable in therapy with what we can give them. It won't help them get a job, but may help them keep one later. I"m ambivalent. I trust the assistants. Maybe its the profession or even psychotherapy itself I don't trust. I"m not sure it's worth the time to give them partial training." "Behavior therapy and maybe crisis support. Don't let them think they are therapists." "With carefully selected cases for carefully selected assistant this is possible. Not probable with most of them. The problems of responsibility are legion."

In view of the usual hierarchy of clinical skills, one might expect psychotherapeutic instruction to be learned late in the program, if at all. However, an interesting phenomenon occurred in assistants on two settings. Early in the program, while acquainting themselves with their settings, both had much informal patient contact, some over extended periods, and both found themselves pleased at their ability to be supportive to patients. Later, as both became more valuable, they spent more and more time on administrative and research activities, and had less and less time for patient contact. One assistant had extensive long-term involvement as a member of behavior modification teams, and three others were actively involved in recording or actively participating in conditioning therapies at intervals during the program. Two assistants observed groups conducted by their supervisors over an extended period, and other assistants from time to time observed groups on their own or other services. Two assistants saw patients individually while another member of the family was being seen by an intern or faculty member; two sat in as "cotherapists" in groups or marriage counseling. Three sat in with their supervisors on consultations with other community agencies, often participating in assessment or in treatment planning.

In summary, most assistants had considerable exposure to and involvement in psychological treatment. With the exception of some behavior modification cases, psychological treatment activities were seen by both faculty and assistants as part of their student learning, not part of their role as workers. As in other learning, the combination of active participation plus immediate feedback plus background reading produced the most learning.

Research.—All assistants were concerned with some aspects of research. Most were involved in preparation of grant requests, literature reviews, planning design, preparing research materials, running subjects, analysis of results, writing and editing research reports. Two spent considerable time going back and forth to the computer center; one of these took a course in Fortran and found it helpful. These individual experiences gave the assistants considerable background on the realities of research, on which they could build when exposed as a group to statistics and research design. The assistants felt very much a part of the research team, and were alert to information gleaned in contacts with each other which might be helpful in a current research problem. Needless to say, much factual and theoretical information was learned as a byproduct of this participation. For example, one assistant who had reviewed literature on neonatal behavior observed much that the other assistants missed when the group visited the newborn nursery. Another assistant, while reviewing Psychological Abstracts for topics of interest to her supervisor, became excited on finding a literature on artistic creativity and did considerable independent reading in the area.

Training Opportunities on Individual Services.—Those services with interdisciplinary conferences offered rich experiences to the assistants. Two of the seven attended conferences weekly, and as the program went on they became active participants by presenting test findings and by entering in discussion on patient management. Three other assistants attended conferences regularly, the other two rarely. As assistants became more valuable on their own services, there was less of the visiting on other services that characterized the early months of the program. On one service, the major conferences were in the evenings, precluding attendance by the assistant who had the responsibilities of young children. Several assistants attended classes offered for medical and nursing students, rounded with interns and residents, and attended medical teaching rounds and case conferences. In most teaching hospitals, similar opportunities for learning abound. A critical factor appears to be the sense of freedom of the student to participate. Here, assistants were more comfortable visiting strange services because of the presence of another assistant who belonged there. Being in a student role also made a difference. Tuesday was "training day" and assistants felt more comfortable attending conferences held on Tuesdays. Now that the program is over, assistants permanently assigned report that they feel much less free to avail themselves of attendance at teaching conferences. "I feel they are for graduate students. It's my job to be available on the service—now I stay home to mind the store."

To anticipate recommendations for future programs discussed later in this report, we have learned that ongoing teaching conferences can be an important learning experience for persons working in psychological settings. Supervisors, however, must be very explicit in freeing time for attendance, if conscientious workers are to benefit from such experiences.

Supervisory conferences.—These continued to play an important part in individual learning. As time went on, and the assistants became more knowledgeable about the supervisor's interests and attitudes, the conferences became less didactic and more of an exchange of views. Supervisors tried out ideas on the assistants, often being stimulated to think in new directions by the freshness and cogency of the assistants' observations.

While supervisors did not see themselves in a therapeutic relationship with students, there was focus on awareness of feelings and attitudes that is typical of clinical training. From the coordinator's vantage, it appeared that three assistants at least some time during the program had many sensitivity-inducing encounters with their supervisors, two had a moderate amount, and two relatively little. The variables seemed to be supervisory time and interest, assistant openness and interest, and amount and depth of patient contact by the assistant. The latter required close clinical supervision and naturally led to confrontation with the assistant's own feelings. Day-to-day interactions on the service brought much learning, imperceptible to the assistants until they suddenly realized that they were understanding material that had previously been a mystery to them. One of the supervisors explained what he felt the apprenticeship contacts contributed to his assistant's knowledge: "Getting to know me and students and what we do, how we define problems, knowledge of limits, and areas that need to be studied." An assistant explained what the relationship with her supervisor meant to her. "My supervisor is so enthusiastic and committed. That is really what makes the difference in learning."

Learning from graduate students.—Early in the program, as noted in the excerpts from the early progress reports, there was much teaching of the assistants by interns. Interns were newer to psychology and often able to see the students' dilemma better than staff members who took too much for granted. Assistants felt more free to display their ignorance to practicum students and interns than to their supervisors. As the program continued, the assistant-student relationship changed. The assistants, as permanent members of the service, had much orienting and teaching of the students. Now it was the graduate students who asked questions of assistants rather than display their ignorance to the faculty! More and more comments, at first surprised and later resigned, were heard from the assistants: "The practicum students have a lot of theory, but they don't know how to do anything." The relationship became more of a partnership, with much teaching on both sides. On most services interns, practicum students and assistants shared an office near the supervisor, and it was common to see an assistant and an intern intently pouring over test results together, or heatedly discussing what "was really going on" in a recently observed psychotherapy session.

Problem-solving learning.—Most of the knowledge about administrative duties was not explicitly taught, but rather developed as assistants solved problems, carried out assignments, or saw something that needed improving and went about doing it. Little by little the assistants acquired a fund of knowledge about the working of the hospital, and some became expert red-tape cutters.

Formal coursework.—A fringe benefit of university employees is one tuition-free course per term. Three assistants took advantage of this privilege; another took a non-credit course in Fortran programming; and another audited several courses. The most work for credit was taken by two assistants who have now returned to graduate school. Two of the three assistants with children refrained from obligating themselves in credit courses because of their home responsibilities. Plans to assign the assistants to take psychopathology in formal coursework broke down because of difficulties in relieving them of service demands and no assistant elected this course.

In retrospect, students felt that more encouragement and provision for coursework outside the setting would have had several advantages—exposure to non-clinical psychology faculty, chance to integrate experience with psychological theory, and an opportunity to see how they measured up to conventional students. Several felt that auditing should be made easy, but that taking courses for credit should be voluntary. Others commented that in the beginning they would not have had the confidence to take a course alone, and would have wanted the support of the group; the concern again appeared to be fear of exposing ignorance.

Reading.—As the program continued, assigned reading was less, but the assistants continued to read, following their interests of the moment. A problem with a patient, or a concern about a research question would set off a flurry of reading in an area—books on various clinical topics, on the assistants' shelf, with much borrowing. (Graduate students discovered the shelf, and did considerable borrowing as well.) Borrowing from the library of the assistant's own supervisor frequently occurred. At nine months the assistants were asked what they were reading currently. They listed: Childhood and society (Erikson, 1963), Clinical studies in personality (Burton & Harris, 1955), Psychological stress (Janis, 1958), Social class and mental illness (Hollingshead & Redlich, 1958), Inkblot perception and personality (Holtzman et al., 1961), Society and self (Stoodley, 1965), Psychobiology (McGaugh, Weinberger & Whalen, 1966), Normal and pathological language (Laffal, 1965), The happy family (Levy & Munroe, 1938), Children's drawings as a measure of intellectual maturity (Harris, 1963), Conjoint family therapy (Satir, 1964), Neurotic styles (Shapiro, 1965), Small groups (Hare et al., 1955), The inner world of mental illness (Kaplan, 1964), Psychopathology of childhood (Kessler, 1966), Projective psychology (Abt & Bellak, 1959), and Games people play (Berne, 1964).

Psychological meetings.—Four assistants attended the Southeastern Psychological Association meetings in Atlanta, Georgia, in April, 1967, and all the assistants attended the meetings of the Florida Psychological Association in Ft. Lauderdale the following month (including the Reitan workshop mentioned earlier). Three attended the Florida Psychological Association in Clearwater Beach in 1968 (including a workshop presentation by

Wolpe, on conditioning therapists) and two attended the Florida Council of Mental Health Clinic Directors meeting in St. Petersburg Beach in November, 1968. At each of these meetings one or more assistants presented material about the program. Asked later about the value of attending conventions, the assistants gave their usual variety of views. "I constantly feel they are superficial. Hotels, cocktails, and flocks of people I don't know personally are not my idea of fun and/or relaxation. I just plain would prefer to spend my time doing something else." "Interesting. I'd like to go more." "The convention was a good experience for me. I think they can be used to good purpose or abused. I didn't go to as many papers as I wanted to, but I could take of myself better next time." "Fun and educational. We should go to as many as possible." "I've never seen people have such a good time! Conventions are great! They allow us to hear and see the new developments going on in the field. I found that I learned just as much though by talking outside of the presentations—to the people themselves. In fact, sometimes you learn more this way." "Nice for a vacation or social event, but not too much real work or new learning."

Regarding the learning experience of attending conventions, the assistants agreed there is a knack to attending conventions, and those who went to more than one did better the second time. All were surprised at the "rudeness" of constant walking in and out of meetings, and were pleased at the way they were accepted. Four of the assistants would like to attend more frequently, three felt they did not get as much learning out of it as they thought they should, or were otherwise less enthusiastic. Enjoyment of the convention seemed to be associated with the attention of the faculty in seeing that the assistants were introduced, knowledge of the mechanics of conventions (where to find meetings, etc.), enough confidence to go one's way and attend meetings without the support of the rest of the group, and a flexible enough conscience that one does not feel guilty having fun during working hours. For many of the assistants these meetings were the first time they had traveled without their husbands, and there was discomfort in entering the convention culture as unattached women rather than as a couple. Several were made quite uncomfortable by approaches made to them. Loneliness for the husband and worry about children also dampened enthusiasm for some.

Summary of Individual Training

Before discussing the group training experiences of the assistants, it may be useful for the reader who contemplates an exclusively apprenticeship training program to summarize what appear to us the aspects of apprenticeship which most effectively promoted learning.

1. The compatibility of the psychologist and his assistant. It will be remembered that choices of both were honored in making assignments. At the end of the program, some assistants felt their effectiveness would have been noticeably less if they had been assigned to someone else, particularly to someone they "don't particularly like" or whose work setting was unappealing to them. The faculty, although showing definite personal preferences among the assistants, are less adamant. The importance of a sense of affinity with the assistant may be inferred from the faculty's belief,

at the end of the program, that assistants should be chosen in future by the psychologist they will work for, primarily on the basis of interview and past record (most would not obtain psychological test data).

2. The time spent by the psychologist with the assistant, particularly early in training. Throughout the program, it is apparent that hours spent with the supervisor, "talking psychology," planning projects, or going over cases, were treasured by the assistants.

3. The quality of teaching. The psychologist has a good awareness of the level of competence of the assistant, pushes gently to tasks he knows can be done, despite the fears of the assistant. The apprenticeship relationship improves the likelihood that the timing will be good. Immediate feedback was seen as important by all assistants.

4. The academic setting of a teaching hospital, which implicitly encourages learning. Assistants commented that they learned because everyone around them was studying and learning too.

5. Related to number four, the presence of graduate students, from whom assistants learned much in the beginning, and continued to learn throughout the program.

6. A task to be done, inadequate knowledge to do it, and resources for learning. Motivation was primarily intrinsic, and progress measured by the assistants' own criteria of becoming competent in an assigned task, or understanding a difficult concept or problem. Flurries of reading and information-seeking were frequently set off after the assistant encountered a patient or problem and "There I was and I didn't know what to do. I have to learn more."

7. The number of interdisciplinary conferences on the setting, particularly case conferences, and the encouragement or assignment of the assistant to attend. The greatest growth seemed to the coordinator to come in those assistants who regularly and actively participated in a variety of clinical conferences, on the setting, or in the community.

8. A setting neither so focused that the assistant construes learning too narrowly, or so diffuse that the assistant failed to feel really competent in any area. (It can be noted that a setting may offer more variety than the assistant perceives or takes advantage of.)

9. An emotional climate that is not punitive about mistakes, that sets high standards of performance, appreciates good work, encourages growth, and does not stand in the way of increasingly independent action.

10. Participation in research, from the planning to the final report, sharing with the psychologist the emotional commitment to the project, and the excitement at its successes. Literature reviews became exciting learning experiences for many assistants.

11. The opportunity to see patients of many kinds, and to be actively involved in assessment, in planning treatment, and sometimes in treatment itself.

In short, assistants learned by working with someone they respected, who demanded much of them and appreciated what they contributed.

Group Training

Introduction

Earlier sections have described the decisions to give apprenticeship training priority over group training. The assistants did meet as a group throughout the program, however. They evaluated some of these experiences as being of very little value, and a few as being very important. This section of the report will describe briefly the different kinds of group experiences, and will discuss in some detail those which were highly rated by the assistants.

Three major administrative problems were characteristic of the group training—scheduling, teaching staff, and curriculum.

Scheduling

From the beginning of the program, conflicts between the assistants' worker role and student role led to scheduling difficulties. The assistants began work September 1, 1966 and were assigned two weeks later. At that time, the faculty decided to suspend formal classes for two weeks to give the assistants time to become oriented to their services. After this period, from September 26 to October 14, the assistants met for 2-hour sessions Monday, Wednesday and Friday mornings. Early in October it became apparent that this schedule conflicted with important activities in several services, making it impossible for the assistants to participate in service activities fundamental to in-service training. Beginning October 25, 1966, the group's formal training was conducted in two class periods on Tuesdays from 8:30 to 10:00 A.M. and 2:30 to 4:00 P.M. Between December, 1966 and May, 1967, a number of schedules were tried, with changes brought about by the fact that meetings had to be held when instructors were free, when groups to be observed were meeting, or when other learning experiences (such as Psychiatry Grand Rounds) were held. During this period, the assistants favored a schedule of two half-days a week but this goal was seldom achieved. As the assistants became busier, they found it more difficult to interrupt activities on the service for training and began to miss group meetings. Finally, in May, 1967, the decision was made to centralize all group training on Tuesdays, with faculty and assistant understanding that the assistant had no obligations to the service on that day. Tuesdays were chosen because the intern training conference and Psychiatry Grand Rounds were scheduled for Tuesday, and it was hoped that assistants might attend both from time to time. Tuesday was retained, even though assistants could seldom attend the training conference because of space limitations, and even though Grand Rounds shortly thereafter was moved to Wednesday.

As Tuesday became more fixed as "Psych Assistant Day," the assistants reported less guilt in participating in training, and more time to devote to homework or study. There remained, however, comments from assistants and staff about the disruptions in the service caused by the unavailability of the assistants on Tuesdays, and several developed the habit of checking in before class on Tuesdays to take care of any pressing details.

The assistants shared information from time to time about useful conferences on individual services, and the coordinator encouraged the staff to release the assistants for ongoing conferences (examples: Grand Rounds, Child Psychiatry Teaching Conference, Vocational Rehabilitation Case Conference). However, unless supervisors explicitly encouraged attendance, assistants seldom took advantage of learning opportunities occurring on days other than Tuesday.

In retrospect, the coordinator feels that two half-days would ideally be better for learning, allowing time for discussion in depth and return to a subject with less loss of momentum than occurred with the one-week intervals. In this setting, however, even with more forceful direction than the coordinator provided, one full training day each week is more feasible.

Instruction Staff

Every member of the faculty met with the assistants at least once for training. Three conducted training sessions over a considerable time (at least 10 sessions), three conducted short courses (4 or 5 sessions) and three met with the assistants for group training once only. Three interns each conducted at least 10 training sessions, two on psychopathology, a third on statistics.

Since no long-range training plans had been developed before the program began, no one was committed to teach the group. All teaching was either volunteered by the instructor as he saw something the group needed which he could contribute, or was given at the request of the coordinator. Preparation by the instructor ranged from highly organized to extremely casual. In one case, the instructor forgot the session he was to teach, and attended another meeting; much to the astonishment of the group he came to the room where they were waiting, borrowed a chair as no seats were available in the other meeting, and left, still not realizing that he was awaited. Later in the program they would doubtless have reminded him, but since the incident occurred during the "stage of initial awe" they said nothing.

As would be predicted, the assistants valued most the group training where instructors were committed, organized, presented much content clearly, and created an atmosphere where assistants felt free to expose ignorance and discuss until true understanding was achieved. An important variable was the instructor's ability to see the issues from the assistant's viewpoint, or, as they put it, "to get down to our level." As the assistants saw it, the instructor had to be so familiar with his material that he was not threatened by the assistants' questions, which often involved difficulties over implicit assumptions. Some assistants became protective, and others overly-challenging, with instructors (mostly interns) who they felt were not secure in their own knowledge of what they were teaching.

The fact that the instructors volunteered their services and had to fit them into more important commitments, meant that training was often less than ideal from the view of both instructor and student. For example, some timely testing material was deferred because the instructor had to be away on Tuesdays for several months. A course on Development was much shortened because the instructor was leaving the faculty. Two of the best learning experiences of the assistants were serendipitous. In one case, the instructor was new to the faculty and had free time which would not be available if the program were to start today. In another case, the faculty member was leaving, and wished to use the assistant training as a dry run for a course he planned to teach on his new assignment.

In another program, particularly one with more emphasis on group training, it would be important to have instructors committed in advance to teaching the group, with administrative arrangements for free time to do so. In this project, staff cooperation was surprisingly good, considering the burden on busy people, but lack of time for careful preparation weakened the value of many sessions.

Curriculum

As described earlier, the curriculum was developed as the program progressed, rather than being a formal body of coursework establsihed in advance. There were general guidelines, however.

A memorandum from the coordinator to the staff one month after the assistants were assigned showed the early thinking on curriculum. At that time, topics already covered or soon to be covered in group seminars were: (a) Organization of the department, (b) social structure of hospitals in general, and the Health Center in particular, (c) differences in training attitudes, and patient responsibilities of various professional groups in the Health Center and the community, (d) professional ethics, (e) confidentiality, (f) use of humans as subjects in research, (g) basic principles of psychological assessment, (h) standard assessment techniques used with adults and children, (i) interviewing, (j) establishing and maintaining rapport, (k) observation techniques, (l) recording interpersonal reactions using event recorders, check lists, (m) principles of research design, controls, selection of subjects, basic statistical methods, (n) sources of research information in psychological and medical abstracts, directories, journals. Much of the material given as an overview in the early days was presented again in other contexts later, when the assistants had more background for assimilating it.

Even at this early date, the assistants had ideas about their training, as the memorandum shows: "Psychological assistants recognize that they don't know what they don't know, and thus need guidance in what to cover. However, from where they sit, coursework should be either for (a) overview, (b) to permit discussion of concepts from group or individually assigned reading, (c) to permit contacts with staff they would not otherwise come to know, or (d) to have time to practice new skills on each other (especially test administration)."

The progress report after ten weeks of group training describes the outcome of the orientation lectures: Several general considerations should first be made explicit. Planning the training for this group is much complicated by the heterogeneity of (a) the backgrounds of the assistants, (b) the activities of their services, and (c) the job functions expected of assistants by individual staff members. It quickly became apparent that a given topic was presented too soon for some and too late for others; or too superficially for some, and in too much detail for others. In our situation an attempt at a rigid formal classroom structure would have prevented much of the in-service training which, thus far at least, the assistants and the staff have found to provide the best learning.

At the end of the program the assistants recalled their early training and again labeled the early sessions as "too early," "too late," "too superficial," or "too detailed."

The training plans for the group, as seen when they had been on their services about three months, were described in the second progress report as follows:

1. The major learning experiences for assistants will stem from apprenticeship on their services.

2. There are certain areas of knowledge common to clinical psychology which all assistants should know and which can be taught effectively to the entire group.

3. Training will be conducted by staff and those interns who have expressed an interest.

4. The general plan approved by the staff is as follows:

    a. Begin with adult personality dynamics and psychopathology. Focus on observation and description, not etiology or treatment. After this material is thoroughly covered, teach developmental psychology to answer the questions of etidogy raised in earlier coursework.

    b. Use, as much as possible, a teaching model involving group observation of a patient being evaluated, tested, and treated. Tie reading and theory to case material. In addition to suitable clinical texts, use literature and poetry where they apply. Study psychological test data for understanding behaviors and dynamic processes.

    c. When developmental material is to be covered, include the body of knowledge in physical therapy, occupational therapy, and speech therapy to supplemental material on cognitive development and personality development. (This plan is feasible since these other disciplines are also a member of the College of Health Related Professions.)

5. Any materials taught should be directed more toward clinical application than theory. However, training should involve solid content —i.e. should not be "watered down."

6. Principles of experimental design and the use of common statistics should be taught soon.

In general, this plan was followed, albeit faltering at times. Several retrospective comments are in order. First, it now appears that earlier introduction of developmental topics would have been advisable. Second, statistics and research design were considered essential if the assistants were truly to be of use to their psychologist supervisors; here our program differs from other projects designed primarily to train nonprofessionals as mental health workers.

Curriculum Content

The next four sections will describe group training in psychopathology, behavior modification, development, and statistics and experimental methods. Following these, comments on other valued group training will be given. A summary of group training experiences appears in Appendix B.

Personality Dynamics and Psychopathology

Group teaching was considered a supplement to individualized training.

In the early weeks, attendance at Psychiatry Grand Rounds, group sessions on assessment, and observations of patient treatment raised many questions. A meaningful training session occurred when the assistants listened to a taped group session and categorized interactions. The discussion of differences in ratings, and data used by each to arrive at decisions was remembered by all as an important learning experiece. As one assistant recalled after the program had ended, "That session showed me that when you psychologists put labels on people, like 'anxious' or 'hostile,' you are using real information, not just calling them bad names. I started losing my cynicism about the whole thing when I found that out."

The following week, in a session with the same instructor, the group discussion of "observation of behavior" became a seminar in which assistants asked many questions they had been storing up. (How can you tell when a person is hostile? How can you tell when a patient responds to high vs. low structure? What is control? What is dependency?) The class ran an hour overtime. The assistants often referred back to this session, and thereafter began requesting less formal lecturing and more of the give-and-take learning experienced here. (While the group saw earlier sessions as "formal," instructors commented that there was in fact very high participation in sessions characterized by the assistants as "lectures.")

In February, 1967, the fifth month of training, one of the interns volunteered to conduct a series of meetings reviewing personality dynamics. A description of these sessions from the third progress report follows:

The intern conducted a series of meetings with the assistants in which he discussed dynamic concepts in personality. Some assigned readings were used, particularly Neurotic styles (Shapiro, 1956). Concurrent with most of these sessions, the assistants observed a psychotherapy group which was part of a continuous treatment program in which psychology interns serve as cotherapists. Because of problems with the intern's schedule and changes in the psychotherapy group when interns were reassigned and when patients terminated, there were four modifications of this learning experience which the assistants agree had different levels of learning effectiveness. Originally, the assistants observed the psychotherapy group, discussed the group among themselves for about half an hour, and then met briefly with the intern who was then one of the therapists. He answered questions and commented on the dynamics of the session. Two days later, the intern held his didactic session with the assistants, and material to exemplify theoretical points was often drawn by him or by them from the commonly shared experience of observing the psychotherapy group. All agreed that this stage gave the most meaningful learning experience.

Later, the intern stopped being the cotherapist of the group, but was often an observer. The assistants obtained some information informally from the new therapists, but could not meet with them immediately following the sessions because the faculty supervisor met with all the interns for a critique of the session at that time. The eventual plan was to permit assistants to sit in on these sessions when they gained more sophistication. However, there was a question, never resolved, about allowing assistants, essentially outsiders, to sit in on these critique sessions which were designed for increasing the self-knowledge of the interns as well as sharpening their therapeutic skills. This issue did not have to be resolved because of other developments, but it is clear that in this case the best interests of the interns would have outweighed training needs of the assistants. In evaluating this stage, the assistants felt much was lost by the delay from Tuesday to Thursday in discussing the events of the group psychotherapy sessions with their intern-instructor, and they especially noted the loss for sessions he did not observe. "We do the best we can totalk it over among ourselves, but we need the intern to tell us what *really* happened."

The last variant of this learning experience occurred when the psychotherapy group was disbanded, and fresh data from the group were no longer available to clarify the intern's lectures. After the intern graduated, he planned to continue with the assistants, but his schedule took him away from the Health Center frequently. Finally his classes had to be discontinued, four months after they began.

The original pattern for this learning experience included many of the factors all the group find most valuable: (a) sharing an experience so that they all have a common background for discussion; (b) immediate discussion with a person having professional responsibility; (c) an opportunity to put the experience into a broader context and see the theoretical implications.

In the months following this experience, the group training focused on other topics. During this period, however, the group went to the Medical Library and viewed the films there, including *The Embryology of Behavior*, *Case of Miss Nunn*, *Feeling of Hostility*, *Feeling of Rejection*, *Feeling of Depression*, *Overdependency*, and *Shy Guy*, only the first of which received favorable ratings from them, the remainder being characterized as old and superficial. Plans to rent other films did not work out, partly because the instructor was uninterested, but mainly because the decision was made to use limited training funds for books rather than film rental.

In November, 1967, about six months after the sessions described above, another intern volunteered to teach psychopathology to the group. In these sessions, the focus was less on personality dynamics, and more on a review of psychopathology, to fill in the gaps of individual training. The intern wished to obtain teaching experience, and would have preferred teaching experimental design to psychopathology, if another instructor had not already begun with the group.

The coordinator purchased a number of standard texts on psychopathology. At the recommendation of the instructor of Abnormal Psychology on campus, copies of Psychopathology by Buss (1966) were purchased as class text. Most of the assistants had previously read Abnormal Psychology in Modern Life (Coleman, 1964) and the instructor also used this for teaching. Most of the group preferred Coleman for an overview. They at first disliked Buss, commenting that he mixed them up by his many-sided consideration of each issue. By the end of the course, however, the feeling toward Buss was much more positive. The recommendations of the group at the end of the program were to begin with Coleman, and follow with Buss. One assistant has read White (1956) since the program ended, and recently commented that she wished she had studied his first chapter in the first month of the program. "He makes so many things clear that I wondered about. I'd have started off much better if I had really understood that chapter early."

Although the assistants generally felt that they benefited from the systematic coverage of psychopathology, all felt it could have been much improved. Several commented that their own attitudes hurt their learning. Some were angry that the staff insisted on their learning something they had not at that point requested. Others did not trust the intern's knowledge, and wanted only the staff to instruct them. On his side, the intern felt that other pressures of the internship prevented him from preparing lectures as well as he would have wished. A further disappointment came from an attempt to use videotape. At that time, videotape equipment was newly installed, tapes were not of high quality, and the disruptions interviewing were so great that the experience was more frustrating than educational. In a training program now, videotape could be used to great advantage.

From the viewpoint of the coordinator, the assistants seemed to have gained more than they realized. All agreed that the material in a future program should be presented earlier, in more detail, and with an instructor who could devote more time to teaching.

Behavior Modification

From the early weeks of the program, the assistants were introduced to behavior modification. An overview was given on November 15, 1966, following presentation of a film on behavior modification with an autistic child. On several services assistants were early trained to record data for behavior modification sessions, and almost all participated early in observing and recording these. As usual, the staff was not unanimous, and one assistant reported at a weekly meeting that her supervisor thought training should be given to interns and not wasted on the assistants.

In September, 1967, Dr. William Wolking consented to teach an intensive course to the assistants; he was in a position to spend considerable time preparing material for his sessions with them, and motivated to do so as this experience was for him a trial run for similar courses he wished to teach. Seven entire Tuesdays were devoted to the program. The following copy of Dr. Wolking's announcement to the group in September, 1967, is self-explanatory:

"TO: PSYCHOLOGICAL ASSISTANTS

FROM: DR. WOLKING

AN INTRODUCTION TO BEHAVIOR MODIFICATION

"Orientation and Schedule This will be a seven week, intensive introduction to behavior theory and procedures applied to the general problem of changing human behavior. A relatively thorough commitment of time on Tuesdays will provide one of the fundamental conditions for learning. The schedule will be as follows:

8:30 to 9:45 Lecture
10:00 to 12:00 Reading or free time
1:00 to 2:15 Discussion and Case Planning
2:30 to 5:00 Clinical Applications

"Goals and Procedures The general goals of this course will be to provide you with the practical skills required to identify, measure, and change selected human behaviors, and to have you acquire a verbal repertoire which will give you a basis for thinking about and communicating with others about your work.

"Text The basic text is: Reese, Ellen P. The Analysis of Human Operant Behavior. Dubuque, Iowa: W. C. Brown Co. Publishers, 1966. This is an easy to read sixty-three page chapter and should be read through as soon as you get it. Other readings are listed on a separate page.

"Content and Evaluation Because of the time limitations, theoretical and applied aspects will have to run concurrently. In teams of two, you will make an application to a human problem. This will involve finding a human problem, selecting the behavior to be changed, obtaining reliable base rates on this behavior, and the development of a detailed treatment plan. You will be greatly reinforced, and thus learn more, by carrying through the plan and observing the results.

"Your progress will be evaluated, by yourself, as well as by me, primarily in terms of the practical skills you develop in the application of behavior theory and procedures to human problems.

"September 19	AM	Nature and perspective of behavior modification: respondent behavior; operant behavior.
	PM	A behavioral model for learning; selecting a case.
September 26	AM	Operant strengthening, extinction, reconditioning: contingency.
	PM	Selecting and recording responses.
October 3	AM	Schedules of reinforcement.
	PM	Variables in the design of a behavior change plan.

October 10	AM	Aversive stimuli; punishment.
	PM	Reliability of operant levels: when to start treatment.
October 17	AM	Discrimination; acquired reinforcers; chaining.
	PM	Trouble-shooting behavior change plans.
October 24	AM	Emotional behavior.
	PM	Presentation and discussion of published cases.
October 31	AM	Review and consolidation.
	PM	Present and hand in case studies.

"The team with the most successful behavior change plan and results will be given free dinners at Art's Restaurant. Hopefully, free dinners are almost universally reinforcing."

Each assistant received her own copy of Reese (1966) and other books were purchased for the assistants' bookshelf (Bijou & Baer, 1961, 1965, 1967; Holland & Skinner, 1961; Krasner & Ullman, 1965; Rotter, 1954; Sarbin, 1961; Ullman & Krasner, 1965; Ulrich, 1966).

The projects varied widely. For example, one assistant pair did a project to increase the verbalization of one of their children. In another pair, one assistant was cotherapist in a marriage counseling session, and attempted to extinguish interruption behavior of either member of the marriage, while the other assistant recorded data.

This training experience was among those rated highest by the assistants. They appreciated the fact that lectures were well-prepared, that the course was structured, and that there was plenty of time for questions. On his side, Dr. Wolking found the group most interesting to teach. They were the least sophisticated group he had taught, and as a result of their questions, more understandable definitions of technical terms were developed. The group's projects covered problems he had not encountered clinically. Dr. Wolking's evaluation of the assistants was that they learned a great deal, both from the academic lectures of the morning and the practical applications of the afternoon sessions. In teaching he did a lot of review, popping questions at the class about former lessons, and particularly how material from previous lessons might apply to clinical problems. The assistants mentioned their enjoyment of these questions, and found them useful in helping pick up the threads from the previous week's discussion. Finally, Dr. Wolking found the group easier to teach than graduate students, because they had much less to unlearn and were less concerned with ethical issues of manipulation, etc.

As mentioned under Individual Training, some of the assistants attended a workshop on behavior modification conducted by Wolpe before the Florida Psychological Association meeting in the spring of 1968. Several attended the Behavior Modification Workshop conducted in Gainesville in the summer of 1968 by Ogden Lindsley of the University of Kansas. Most expressed an interest in this workshop, but it carried past the end of this project, and few could involve themselves for the required ten weeks.

The success of training in behavior modification can be attributed to several factors. Teaching was structured, with much content clearly presented. Active involvement of the assistants in class and in projects was important. Finally, all felt that behavior modification was an important area for them to know as part of being useful to psychologists.

Development

The overall training plan for the assistants was to begin with material about the behavior of adults, presenting theories of personality development late in the program. The rationale was that exposure to many kinds of effective and ineffective adult functioning would raise questions of "how did they get that way"? and thus developmental material would have more meaning. Looking back on the program, the assistants had more exposure to child cases than this scheme would imply.

In the early overview stage of teaching, the faculty member affiliated with Pediatrics described interviewing of children, and maintaining rapport with children while controlling the test situation. Early behavior modification experiences were largely concerned with disturbances of children. The psychologist affiliated with Child Psychiatry conducted several sessions in the first three months describing team treatment of disturbed children. This presentation aroused so much enthusiasm that the psychologist a year later conducted a series of lectures on early development, presenting materials from a book she was writing (a book for which one of the assistants was doing extensive literature reviews). Unfortunately, the psychologist was planning to leave the faculty in April, 1968, and pressure of final duties made it impossible for her to meet with the group as often as she planned. The four sessions, highly regarded by the assistants, covered theories and stages of early development (Freud, Erikson, Piaget, Sears, Gesell), research in infant development, observations of children in the inpatient child psychiatry unit, and analysis of case histories.

In the spring of the first year (1967), seminars on family interaction increased the assistants' awareness of the extent to which patterns of childhood are reenacted in adult life.

In July, 1967, the assistants paid a visit to the fish laboratory of Dr. Sol Kramer, a member of the faculty of Behavioral Sciences, who is keenly interested in the interplay between neuromuscular and psychological developmental patterns. The purpose of the visit was to give the assistants a sense of how easy it is for an observer to construe behavior rather than observe and report it. Their task was to observe fish behaviors and report them without anthropomorphising, a task they discovered to be surprisingly difficult. A lively discussion developed on the implications of parental behavior in animals for the understanding of humans.

Later that month, the assistants were taken on a conducted tour of Sunland, the local residential facility for the intellectually retarded, an experience that in a future program might well be repeated, with more time allotted for patient observation.

In August, 1967, one of the child psychiatrists discussed with the group the implications of birth order for personality development.

In the spring, the interns' Journal Club representatives asked for more clinical material on normal child development. A series of meetings were set up in which faculty members of Physical Therapy, Occupational Therapy, Speech and Hearing Disorders, and Clinical Psychology discussed the feasibility of an interdisciplinary seminar. In the spring of 1968, a seminar, open to the faculties of these departments, and the clinical psychology graduate students and the assistants were held, as a pilot series for a more extensive series open to students of all departments. The seminars continued for eight sessions when they were disbanded for the summer.

The seminars were:

Department	Speaker	Topic
Behavioral Science	Sol Kramer	Implications of animal research for understanding human development.
Behavioral Science	Sol Kramer	Neuromuscular and emotional development. Behavioral aspects of LSD analysis.
Physical Therapy	Martha C. Wroe	Reflexes from birth to 2 years.
Speech and Hearing	Kenneth R. Bzoch	Patterns and stages of emergent language development from birth to 2 years.
Speech and Hearing	Kenneth R. Bzoch	Speech development after 2. Diagnostic implications of speech sounds.
Occupational Therapy	Alice C. Jantzen	Perceptual-motor development
Early Childhood Education (Col. of Ed.)	Betty L. Siegel	Personality and cognitive development in the first 2 years of life.
Clinical Psychology	Vernon Van DeRiet	Cognitive development in early childhood.

Although the seminars did not continue as long as we would have liked, the experience showed that, once the group became acquainted, great excitement was generated as each discipline applied its methods and theories to an issue, and similarities and discrepancies began to emerge. One session which developed into a case conference was particularly stimulating.

At about the time of the developmental seminars, the coordinator became aware, from listening to the assistants converse with each other, of a lack of a conceptual framework for understanding intelligence. It had been assumed that early individual and group training had covered this material, but the assistants seemed to have no clear idea of issues regarding innate abilities, cultural deprivation, intelligence as an aspect of personality, etc. Accordingly, several seminars on factors in the development of intelligence were held. The assistants agreed that these were useful in helping them integrate the bits and pieces of information they had acquired, as well as adding new knowledge. They recommended that in a future program much more time be given early to a broad-ranging consideration of intelligence and cognition. In view of the likelihood that most non-professionals will be early involved with intelligence testing, some sophistication in the area of cognitive ability and function is an important safeguard to the client.

In the final weeks of the program, the assistants attended some lectures given for nursing students on the obstetric rotation. They viewed the film All My Babies, one of the few films about which they were enthusiastic. A member of the obstetric nursing faculty took them on a tour of the newborn nursery, from which all agreed they learned much.

Were the program to be done again, much more emphasis would be given to perceptual, motor, cognitive and personality development, and the resources of the Health Center would be used more extensively in presenting material on normal development and developmental problems.

At the end of the program, one of the assistants who is a mother was reminiscing about her feelings during training. In the early months, she found herself personalizing everything that was said about mothers and children. "And you psychologists are so hard on mothers ! It took her some time towork through her own feelings so that she could really hear and take in what was being taught. In the coordinator's notes there are faculty comments from early sessions about children that the mothers in the group seemed "dogmatic" or "defensive." In a future program, more attention would be paid to feelings associated with content in this area, and more opportunity for ventilation would be given.

Statistics and Research Design

In the section on Individual Training, it has been noted that all the assistants were involved in research projects to some extent. Early in the orientation program, one lecture covered an overview of research methods. The faculty early decided that assistants should learn at least enough statistics and research design to be able to abstract journal articles intelligently.

In the early spring of 1967, a statistics text (Underwood, 1954) was purchased for each assistant, and several other books on research design and statistics were placed in their library, at the suggestion of various staff members and interns.

In the fifth month of training, the coordinator had several sessions with the assistants in which a journal article thought to be of special interest was dissected ("Some characteristics of the achievement motive in women, French & Lesser, 1964.) In these sessions the assistants considered whether the operational definitions had relevance to the real world, and practiced obtaining information from tables, after reading introductory chapters in their text. Following the mixed reactions to this attempt, the group decided, albeit reluctantly, that they had better struggle through the book from the beginning. (Statistics had been a bugaboo to a number of the group.) In July, one of the interns agreed to try to cover statistics during the summer. His plan was for each assistant to teach a given chapter to the rest of the group, with his role one of clarifying troublesome points. This proved to be an excellent model in the beginning, as the assistants felt free to expose their ignorance to one another and were more aware of their deficiencies. It later became apparent that the plan of completing the book in the summer was over-ambitious, and the assistants decided to go back over some fundamentals to be sure the understood them before proceeding. One of the group brought in a programmed text (Gotkin & Goldstein, 1964) and on the request of the majority this text was purchased to supplement Underwood.

The assistants worked on the programmed text, individually and in the group, after the intern-instructor completed his internship. All realized that they were beginning to understand some of the mystery, but felt they had far to go. They felt they had got beyond what the intern understood so that in their sessions with him they learned little. They also got beyond what they could teach each other.

Accordingly, when in the fall a psychologist specializing in research methodology joined the staff as a part-time faculty member, a plan was worked out whereby she took over the training of statistics and research design. At last, the training took hold, the assistants became increasingly enthusiastic, and at the end of the program rated this segment of the training as one of the best learning experiences they encountered.

A description of the course by the instructor, Dr. Carolyn Hursch, is given below, followed by an excerpt from an interview with one of the assistants describing what the experience meant to her.

The statistics classes as described by Dr. Hursch:

"From November, 1967, through June, 1968, I conducted a one-hour a week class in statistics for the Psychological Assistant group. Apparently the assistants had had some previous encounters with statistics classes while in the program, and they were already equipped with a programmed textbook (Gotkin & Goldstein, 1964). Since they had already worked some of the problems in this text, and since my work with them on statistics started out on a tentative basis, I decided to continue the use of the programmed text. (However, I was not then, nor am I now, favorable to the use of that particular programmed text with that group. While I am in general, in favor of the concept of a programmed textbook for statistics, it requires a fine balance between sufficient redundancy to implant the procedures, and enough text to keep the intelligent student interested in learning the procedures. The textbook used, like many programmed texts had too much of the former, and almost none of the latter.)

"It quickly became apparent that the range of sophistication in measurement and analysis techniques was too wide to accommodate all 7 girls at the same time in one hour a week. In a class of 30 or 40 students, this type of range is compensated for by the fact that the class meets fairly often, and the more sophisticated student can rest on his laurels during the sessions, or parts of sessions devoted to the more naive student. Also, grades and examinations provide motivation enough to bring the naive student up to par, and allow the better-prepared student to exhibit his knowledge.

"Grading was not appropriate in the training of the Psychological Assistants and would have created an unnecessary amount of tension. Therefore, at an early session a very short questionnaire was given to assess the range of preparation, and my suspicions were confirmed. While one or two of the girls had difficulty in finding a simple percentage, some vaguely remembered their high school algebra, and at least one was ready for an intermediate level course in statistics. None had any sophistication in research design.

"For the first two months, the assistants were kept in one group for the statistics session. During this time, some basic principles of measurement were presented and discussed, and those who could easily handle simple high school algebra were used in a teaching capacity for those who could not. Private sessions with me were also held for two assistants who were so far behind the others that quick acceleration was needed in order to keep the sessions from bogging down into an arithmetic lesson. The programmed text was used for exercise material which was assigned as homework. Homework problems were done in class with as much explanation as possible being done by those who had gotten the correct answers on the homework problems, or used the correct method in obtaining them.

"The sessions were conducted largely in seminar fashion, with an occasional lecture to initiate a new topic, or lay out the basic principles of a topic such as the use of parametric versus non-parametric statistics. At all times, the assistants were free to interrupt and ask questions, give examples of what they understood the point to be, etc., and all took advantage of this opportunity. The one-hour sessions usually were ended by another group needing the room after one and one-half hours.

"After the first two months, the group was divided into 2 groups. One consisted of 5 assistants who were not equal in preparation, but who were close enough to be tutored at the same time; the other group consisted of 2 who were in good command of their college algebra, and ready for a bona fide statistics course. These 2 assistants were then taken through Statistical Methods, a Problem-Solving Approach (Gourevitch, 1965). Somewhat later, a third assistant joined this more advanced group while continuing to come to the larger group session.

"The emphasis in the larger group was heavy on why, when and how research is done, rather than on computation or memorization of individual statistical tests. They were guided through the elementary concepts imbedded in the normal curve, the difference between samples and populations, the uses of probability, the relationship between the most common measures of central tendency, the computation of z scores, t tests, significance levels, chi square, Spearman rho, and percentiles.

"From time to time, brief problem sheets were distributed where 'real-life' situations were posited, with the question being, 'How would you go about finding the answer if you were free to conduct research on this question'? The assistants particularly enjoyed these problems, and discussion was always animated at these times. Through extensive participation by all, they all came to see the research worker as an impartial data collector rather than an opinionated individual trying to 'prove' his point. The latter attitude was rife at the beginning of our meetings together.

"By June, 1968, I would say that the three who went nearly all the way through Gourevitch would have received high B or an A on an examination in Introductory Statistics if they had been given one. Of the 4 remaining assistants, 2 would also have made a very creditable grade in an introductory statistics course. The remaining 2 (who started far behind the rest), had made large strides in their ability to handle numbers, and had made even more progress in their understanding of scientific method, quantification, and the meaning and intent of research in the social sciences.

"In comparison with students of a typical statistics class, the assistants showed more active searching for the answers behind the answer, more enthusiasm and a refreshingly genuine desire to know. As a newcomer, I was also struck by the amount of knowledge the assistants had of each other's services, and of psychology in general. It seemed to me that the faculty, while appreciating the knowledge of their individual assistants, underestimated the range of knowledge each had beyond her specific assignment."

In an interview after the end of the program, one of the assistants was describing her experience in Dr. Hursch's class, and went on to tell what the group training in general meant to her. Other assistants expressed similar sentiments.

"We wanted instructors to go over material step by step what the instructors wanted us to do on our own. The instructors wanted to hit the high spots. We wanted more step 1, step 2, step 3. For instance, in statistics she couldn't assume we had mathematical ability or knew formulas. I wanted to check out things like "After I substitute and get a numerical answer, what do you do next? And what did they do before they had this formula"? "In a population, what do you look for? What information do you have to have before an experiment? How do you match things up? What might I forget to look for? How do I find out what I want to know? How applicable is it when I do find out? How can I read materials? What use can I make of it? What am I being told and not being told? What really happened? What was quietly left out? There are so many points to go over and over. This was the first time in any course where I didn't sit back and say "I'll wait for light to dawn." This time, I asked right then. I was more determined. The group was motivated, and it was a smaller group. This was my first learning situation with a smaller group. I used to 'shine when spoken to' and the rest of the time sit back quietly. Here I was not afraid to appear dumb. That talks a lot about our being a group. This was the first time I ever had an opportunity to operate in this kind of a setting. In a large class, the ones who spoke had to have extra determination, be belligerent or aggressive. Having this over time also helped, and our contacts outside of class. This required a different kind of teaching. She had to do it all within the hour, not counting on the same class each week, not counting on our doing our homework. In the beginning, we didn't have enough to build on. Statistics only comes clear over time. I finally got it when I could apply it."

Other comments about the course from the coordinator's diary include a comment from the assistant who took the Fortran course that it "helped desensitize me to numbers and after that the statistics was more interesting." Another assistant said "For the first time statistics makes sense as an ordinary part of life. I found out what the normal curve really, truly is. I was excited." And another, "Now I understand the conversation that goes on in the office. It's not a closed area any more. And in reading articles I used to skip over the tables, but now I pick out what I can understand."

To summarize, the assistants were originally resistant to and frightened of statistics. Despite considerable exposure, on individual services and in the group, it was not until they reached Dr. Hursch's class that the training really took hold. A key factor appeared to be Dr. Hursch's ability to explain the material at their level of understanding. The group felt very comfortable about asking her any question, sensing that she was so secure in her knowledge of the subject that they would not threaten her. The classes were used by the assistants to bring up statistical and research problems they were struggling with on their services, thus adding to the importance and immediacy of what they were learning. The comfort the group already had with each other also was an important factor in the success of the class. The discouraging aspect of the experience, is, of course, the difficulty in expanding such hand-tooled training to large numbers of students. Dr. Hursch actually conducted three classes for the seven assistants, elementary, intermediate, and advanced. Our experience also suggests that the neophyte statistician (i.e. graduate student) is not likely to have the command of the subject for teaching at the assistant level. Simple things are not always simply taught!

Other Valued Group Training Experiences

Of the many other group experiences shared by the assistants, the following were remembered at the end of the project as especially valuable. Two lectures by non-psychologist faculty generated enthusiasm at the time, and were frequently referred to later. In one, an anthropologist, Carol Taylor who had studied the University Health Center as a small society, described the setting as she saw it, and introduced the group to the kinds of behavioral cues used in anthropology. In the second, a sociologist, Patricia Laurencelle, described the effect of institutions on personality (specifically, how placement in a school for the retarded can interfere with intellectual and personality development.) In both cases, what excited the assistants was the way in which the speakers cast a new light on the obvious, giving them a new theoretical framework for interpreting behavior they were observing.

Individual training in psychological assessment is described in an earlier section. In the first three months of training there were ten group sessions providing an overview and some experience in testing. These were characterized variously as "too soon," "too late," "too detailed," or "too superficial," depending on the amount of experience the assistant was receiving on her service. Later in the program, one of the faculty conducted several intensive sessions on the MMPI, and these, coming at a time when the group was about equal in knowledge, were highly valued. A demonstration by Mrs. Clare Shoemyen, an Occupational Therapist, of her battery of assessment tasks used with psychiatric patients came after the assistants had some exposure to psychological projective techniques, and provoked a number of stimulating questions. After 18 months in the program, the assistants had the opportunity to meet twice with Dr. Molly Harrower, a visiting professor in Psychology. Dr. Harrower had grave reservations about introducing the assistants to administration or scoring of the Rorschach for ethical reasons. However, she agreed to meet with them and talk with them about projective testing. These sessions were 18 months after the program began, and some assistants had specific questions on projective testing which were discussed. Thinking back on the sessions almost a year later, one of the assistants said, "The information on projectives really helped. The important idea was that a person's style will show up in an ambiguous situation. She gave us an idea of what one can say about a person from inkblots, and she emphasized that we don't use just one clue. Once I settled that for myself, I could see if the test really did give a clue. Now I know that the more you know, the more everything fits, rather than otherwise. What it does is clarify what you know about the person."

The last weeks of the program saw the development of a new aspect of group training, suggested by the assistants themselves. In recapitulating what they knew and did not know, the group suggested a series of seminars in which assistants with special expertise shared this with the others. Accordingly, there were a series of meetings, taught by the assistants for assistants, on (a) psychological assessment of children, (b) testing for brain function and brain injury, (c) suicide prevention, and (d) family therapy. All agreed these were successful sessions, and that the last was rated along with Dr. Wolking's behavior modification and Dr. Hursch's statistics as among the most valuable group learning experiences in the entire program.

Attendance Requirements, Homework and Examinations

In an earlier section the effect of the assistants' conflicting roles as students and workers was discussed. These dual roles affected attendance at group training. In some instances, assistants felt guilty about attending group training because of pressures on the service. In a few instances, they were instructed by their supervisors to give service needs priority and miss a given group class. Several assistants from time to time used pressures on the service as an excuse not to attend classes they were not interested in. While the understanding was that attendance was expected at all classes, there was no roll-taking and discipline for absence. Four of the assistants appeared to have attended about 90% of the classes. The other three attended 65-75% of the sessions, their absences being from service pressures and/or personal unwillingness to participate. In a future program, with more formal group training requiring continuity of attendance, it would seem important to make explicit provisions with the faculty to encourage, and not to hinder, class attendance, watching particularly for the conscientious assistant who unobtrusively works through a class period without the awareness of the superior.

During some stages of the program, explicit hours of the training day were set aside for class preparation. At other times, it was assumed that assistants could find time during the rest of the week to do class assignments. Since the training was relatively unstructured, and few examinations were given, the assistants, while in the main conscientious, were comfortable about coming to class with an occasional lesson unprepared. In December, 1967, however, a minor storm arose when both psychopathology and statistics classes began to assign homework beyond what several assistants felt they could manage. The problem was particularly pressing for the assistants who had children. For them, on busy services where they put in a full day, the additional burden of homework to be done along with home chores was too much.

After several tense days, and an assistants' meeting in which one assistant dramatically graphed on the blackboard the contrast between the early months of the program, with little homework and little service demand, and the present time with great service demand the new heavy burden of homework, a resolution was worked out, allowing time for study on psychological assistant day, and modifying the amount of work in the assignments. In a future program with more formal coursework and more preparation, it would be important to set aside study time during the work day, particularly if the program included many assistants with home responsibilities. Since a program such as ours has a real appeal to working mothers, who want an interesting job without off-hours commitments, study time set aside during the day is important.

As the reader will by now predict, examinations also proved a problem. Despite the high caliber of the group, and the explicitly experimental nature of the training project, several assistants became upset at the idea of examinations, and several others did not protest, but quietly failed to appear (including two assistants who on completion of the program returned to graduate school)! Examinations were welcomed and non-stressful when they were clearly designed to show both student and professor how the class stood, as a guide to course planning. Examinations were moderately stressful when the content had been well-taught and the assistants felt they should be able to do well. Examinations were very threatening when material had not been well-presented, and the assistants could not see that an examination would be fair. Although all assistants agreed initially to remain in the program for two years, examinations revived a latent fear in several that they might be "fired;" this possibility was not considered by the staff. Another aspect of tension stemmed from loyalty to the project; in some cases assistants felt they should do well to do honor to the group. At the end of the project, most assistants felt that in a future program with more structured training, examinations would be useful to help them consolidate what they knew, and to measure their knowledge against some criterion. Most felt that for them the examination should be an integral part of the learning process, not an extrinsic index of their knowledge or value. This group probably felt more strongly than most on the subject of examinations, because it was made up of some women who had been out of school for some years and were doubtful about their abilities, and other women who entered the program, rather than attend graduate school because they were sick unto death of formal academic requirements.

Most of the difficulties around class attendance, homework and examinations could readily be minimized in a future program, with more explicit groundrules in the beginning, and more formal classwork with greater continuity.

Assistant Evaluation of Group Training Methods

At the completion of the project, the assistants were asked to rate the major learning experiences in group training, and to comment on the qualities that did or did not make a given presentation valuable.

The following comments were made about highly valued presentations:

> Presentation was organized, easty to understand, well-planned, at our level. Manner of presentation was interesting, provocative, sparked interest, motivating, made me excited.
>
> The teacher knew all about the subject, was involved, put an effort into the course; was charming, articulate, enthusiastic.
>
> The content was useful, basic, gave much in a short time, good coverage, included new information, gave me perspective, gave me vocabulary.
>
> The timing was good.
>
> The assistant was involved. We did our own cases. It was useful. It gave me an idea of what I knew. Good feedback. I used the notes often thereafter.

Of less valued presentations, the assistants said:

> Presentation was disorganized, unplanned.
>
> Manner of presentation was boring.

Teacher didn't know the subject, his lack of enthusiasm was contagious; teacher was unappealing; I didn't like teacher.

Content was superficial, not in enough depth; nothing new, too elementary, not pertinent.

Timing was before we had enough experience, too early, too late.

The comments above are typical of students' evaluations of teaching in general. For example, it is interesting to compare the qualities valued by the assistants with Gadzella's (1967) top six characteristics in his survey of the ideal professor.

"1. Has a thorough knowledge, both basic and current, on the subject he teaches.

2. Has a deep interest and enthusiasm for the subject he teaches.

3. Is inspiring; has ability to present material to meet students' interests and needs.

4. Uses appropriate language and has ability to explain clearly.

5. Has daily lessons well organized; provides an outline of the course, its objectives, and a list of basic references.

6. Is pleasant, establishes good rapport, maintains a relaxed atmosphere conducive to learning."

One final aspect of teaching the assistant which should be borne in mind in future programs, particularly for non-professionals, is highlighted in a review of the coordinator's diary for the project. Laymen coming into psychology without formal training in psychology courses have many attitudes which appear to make learning difficult. These include a cynicism about psychology generally, questions about the ethics of probing into people's psyches, concerns about the harm that putting labels on people may do, and the "cruelty" of some assessment measures ("when the teacher said he made the person mad to see how he handled anger, I thought it was the meanest thing ever heard!"). These concerns are not, of course, unique to non-professionals! But another time we would explicitly set aside time early to explore feelings and attitudes, as well as being alert to such questions as they arose later.

Another important theme, not really appreciated until the assistants looked back on the program after it was over, was the anxiety of many of these intelligent women about exposing their ignorance, and their desperate groping for understanding in a sea of confusion. As one of them commented, "You don't realise what it was like in those days. I went to a lecture about 'conversion reaction' and kept waiting for them to explain what the religious experience was. And when someone mentioned Oedipal complex I thought he said 'edible' and was tying it in with ideas about food. Next time, teach vocabulary early so a person can understand you without feeling foolish all the time."

A conversation with one of the two assistants who enrolled in graduate school after the end of the project vividly contrasted the learning that occurred in this program with her experience as a college student. "The thing that was different here is that they let you think. All the time I was in college, they gave me the answers. I kept thinking there were other ways to look at issues, but when I tried it, everyone looked at me like I was crazy. The only person who acted like I might be right was Dr. G . I didn't have any self confidence at all when I came here. But you all question, and look at things different ways, and little by little I found out I could say what I thought, and sometimes I was even right. In fact, sometimes I saw things my supervisor had missed! Graduate school is so different now. They still act as if they have all the answers, some of them, but now I have confidence in my own judgment. When I was in it the first time, I had no perspective. I thought there was something wrong with me. Even though I didn't benefit all I could have from the teaching here, I did learn to trust myself."

It appears, from similar comments of the other assistants, that being in a setting with clinical psychologists, despite the stresses of our diversity of views, presented a new way of learning to the group. The habit of mind which we in psychology take for granted—the examining of issues from different viewpoints, the search for testable hypotheses, the questioning of assumptions—created for the assistants a climate for learning which was new to many, and exhilarating to all.

Sensitivity Training

At the beginning of the program, one of the faculty, Dr. Richard McGee, who had for some time been interested in training non-professionals and volunteers, offered to conduct a series of sensitivity-training sessions for the assistants. The group met daily for 90-minute sessions during the second, third and fourth weeks of the program, and would have continued somewhat longer except for the faculty decision to have assistants devote more time to their services. Important issues at the faculty meeting when this decision was made were whether sensitivity-training was psychotherapy, whether it was more upsetting than helpful to the assistants, and whether it was an invasion of privacy. As in other aspects of the program, proponents and opponents were vocal.

When the program was about six months old, the assistants carried out an intention from the time when sensitivity training was originally discontinued, and, with the consent of Dr. McGee, met again. About three months before the end of the project there was an attempt to revive the T-group for a third time, at the suggestion of one assistant who felt that the group anxiety about placement might be worked through with a few additional sessions. Several of the assistants were interested in meeting again, for various reasons ("for fun," "to see how we've changed," "to study how a group works"); several others actively or passively resisted, and the project was dropped.

At the end of the second series of meetings, Dr. McGee wrote a report of his evaluation of the project, for the Third Progress Report. The assistants read the report, disagreed with some details, were surprised to know what the trainer really thought, but in the main were content to let his report stand as essentially correct. Dr. McGee's report is given below:

"Evaluation of the Psychological Assistants'
T-Group Program

"There have been two separate sessions of the T-Group experience during the first year of the Psychological Assistant program. The first began the second week the assistants were on the job, and continued for three weeks. This group met daily for 1½ hours. In the early Spring (March) the assistants wanted to resume the Group spontaneously, and a second series was held which met for only two weeks, for a total of about seven sessions. These were held in the evenings and lasted for two to three hours. The second session terminated with an all-day 'marathon.'

"The original purpose of the T-Group was to permit the assistants a chance to become firmly attached to one another as a cohesive group since it was reasoned they would all be experiencing new, and sometimes threatening personal experiences during the course of their training. It was also felt that they should be given a chance to learn something of the normal functioning of a group, and of human relationships which frequently interfere with a group's effectiveness, assuming this learning would transfer to the work group to which each assistant would be assigned on her individual clinical service. Finally, it was reasoned that each assistant would benefit from the opportunity to gain in self-sensitivity and insight. (Note: From the coordinator's viewpoint, the second purpose above was primary.)

"The trainer had had the experience of being a member of two previous T-Groups, one of which was in connection with the Community Leadership Laboratory at Bethel, Maine (Under National Training Laboratories). He had not, however, received extensive training as a trainer, hence the evaluation of the T-Group experience must take this into account.

"The course of the two T-Group series could be described as routine, not deviating from the typical group process as the trainer had experienced it, and as it is described in the documented literature. Interpersonal rivalries, conflicts, rewards and punishments were meted out in the usual manner. The trainer noted no differences between the two sessions. The same individuals behaved in the same manner both times, though perhaps with a bit more intensity the second time.

"From the trainer's point of view the T-Group was probably less successful than it was from the participants' vantage point. The group never seemed to function as a group, in the sense of developing a group-mind or collective consciousness. It was, from beginning to final evaluation session, a collection of outspoken, candid, cooperative individuals. Rarely did anyone ever change anyone else's opinion or attitude about anything. Occasionally 'semantic arguments' were resolved—this was easy to accomplish—but no real substantive impact of one upon the other seemed to take place. The group became so frightened and protective of itself lest a leader should appear that it refused to delegate responsibility for task, agenda, or decision to anyone. At the final session, for example, the suggestion that someone might assume the role of serving refreshments was met with an immediate defense which characterized the entire experience: 'Oh no! It would be better if we continued as we do in everything else and each of us serve ourselves.' Similarly, when the trainer would direct questions to the group of the form: "What is the group doing now'? or "What seems to be the feeling in the group'? the responses were almost universally person-centered, rather than group-centered. The responder described what she was doing, feeling, etc.

"While 'groupness' never developed within the meetings themselves, there was a strong identification developed among the group of Psychological Assistants. Whether this can be attributed to the T-Group experience is doubtful—it is probably as much or more the result of the entire range of common experiences and attention focused upon the assistant-trainees. The assistants are not in agreement upon this. Some feel they would have been just as close as a group even without the T-Group; others feel that if a new group of assistants came into the department they would not be a cohesive group without a T-Group to start them off.

"With regard to the value of T-Group as the Psychological Assistants see it, again the opinions are divided, although the group is much closer to unanimity here. The majority believed firmly that the greatest disadvantage was that the initial group was considered 'compulsory,' and that this should not be. One dissenter argued that where there is no anonimity, self-selection is meaningless and thus required participation would remove the burden from any individual who did not wish to participate, and thereby protect her from becoming the agenda for those who did. All but one are certain that T-Group would be a 'good experience' for anyone. They felt that new groups of assistants, the interns, and even the staff should have the opportunity to experience themselves and one another in a T-Group. Each was able to name one or more interns who they felt had limited self-sensitivity, and in a few instances it was felt that relationships on the service might have been smoother had the interns been exposed to a similar experience. One assistant said, of an intern group, 'I'd sure like to be there to observe it'! Similarly, the group discussed the possibility of the staff having a T-Group type of experience akin to one which the Trainer observed at the Ft. Logan Mental Health Center and reported to the group. One assistant voiced the attitude, echoed by others, that she 'would surely like to work with a staff that had T-Group type meetings.'

"Although it was difficult to achieve, the attitude finally developed among most of the group that T-Group is a method of teaching, or of group action on a common problem; that it is not a form of psychotherapy, group or otherwise.

"There was a tone of inconsistency in the assistants' evaluation of the experience. They felt that it was of benefit to them, but that it had not changed them much as people. They saw themselves as much different now than when the group started, but they felt this was due to the entire psychological assistant program. They were more self-critical and more self-accepting, they had grown as people, but T-Group had merely been one of several activities which had encouraged and 'permitted' growth to take place—it had not been an active change agent operating upon them. A few felt that they had actually learned important things about themselves from specific interactions within the meetings. Others felt that they had so successfully defended and protected themselves that they had avoided any direct confrontation and prevented others from having an impact upon them. Interestingly, such disclosures were rebutted with insistance that it was not that the potential target had been properly defended, but that the group had consciously avoided any attack upon some people. This was the only salient instance of a forceful submission of individual will to the power of 'the group.'

"In summary, the evaluation of the T-Group is mixed and ambivalent, both from the participants' and the trainer's point of view. It was an experience which, while going through it initially, all considered of great worth and value. It was given up reluctantly one week early during the first session when other training concerns assumed priority. It was resumed, as promised, spontaneously by the group, with divided loyalties—there were those who were very eager, others found it difficult to get to the meetings. It was agreed to continue weekly throughout the summer, but neither the participants nor the trainer could find the time. It seemed to die a slow, peaceful death when it was no longer needed. Everyone felt they had gotten something out of it, not all were sure what it was. Most felt they had changed as people, but they were not sure it was the T-Group which changed them. All could see advantages and disadvantages to the experience, they were not in agreement on which were the greatest. The trainer felt the group progressed in the usual, typical T-Group manner, with dynamics much like any group; he was also concerned that some end products were never obtained (apparently), and attributes this to trainer inexperience with the method."

The assistants' view of sensitivity training were sought at various stages of the project. In the Second Progress Report, when the assistants had been on the job three months, the Coordinator wrote: "Although reactions have been changing as the group changed, most comments are favorable, and assistants, in discussing a variety of topics, refer spontaneously to the new-found sensitivity to the behaviors of people in groups." At six months, looking back on both sessions, five of the seven assistants saw the training as helpful, one as necessary to understand group process but not personally helpful, and one as unhelpful. Of those with positive evaluations, one felt the training would be more valuable at that point than the time it was held; one felt it had forced her to look around her. One wished the sessions had gone deeper, and would have liked the group to continue, but felt it would be dangerous without a staff person for control, that someone could easily have been hurt.

Looking back at the end of the project, two assistants rated the experience very positively, three positively, and two very negatively.

Comments at the end of the program, from the Coordinator's diary, included: "T-Groups are better for people who are talkative. It teaches them to learn to listen. I'm more quiet and it reinforced me to keep my mouth shut." "I never got anything out of it. I was never involved. I stayed out of it and observed. It didn't make a dent." (Diary notes from early in the project contain several reports by this same assistant that she was able to cope with staff and intern problems because of what she had learned in T-group.) "The resistance of the staff bothered me. I had divided allegiance. It was like stealing watermelon. It tasted good at first but there was beginning to be a stomach ache because we shouldn't have had it. "The average person is geared to hiding feelings or expressing them in socially acceptable ways, like it or not. Raising the question of feelings stirred up the water, and it took a long time for the muddy water to calm. I can laugh now--how could I have been so worried ? "I think it was good. I learned a lot. I wish we could have done it again to study group process."

The assistants identified several problems specific to this setting that affected the group. One was that one assistant, somewhat knowledgeable about T-groups before entering the project, described the experience as "psychotherapy." Coming at about the time of the tempest over testing, it caused assistants to wonder if they were classified as people in trouble. (After the program ended, one assistant told the coordinator her initial impression was that the staff had chosen the group because they were people the staff "felt sorry for," who "really needed help," and that she had not changed her opinion substantially!) The assistant who stirred up the psychotherapy controversy, was one of those who started earlier than the others, who had had more psychology courses, and whose manner was somewhat dogmatic. In the group, she knew what the next step should be in the process, and as she identified these steps, the rest of the group would try to do differently. This assistant herself, and the other assistants as well, see her influence as having been detrimental to the best functioning of the group.

In retrospect, the assistants felt the training would better have been conducted by a faculty member who did not have an assistant, and preferably by someone removed from the setting. Of those favoring sensitivity training of some type, some felt an initial intensive experience would have been helpful, while others recommend that the training come after more experience on the job.

In a future program, we would recommend sensitivity training early, conducted by someone outside the program, and clearly explained and supported by the staff of the program. A focus on role-playing, and group process would perhaps have more face validity and be less threatening than methods more akin to "psychotherapy."

The Assistants as a Group

In the foregoing section, Dr. McGee's paper describes the failure of the assistants to become a group. This conclusion was much commented on by the assistants themselves, some violently disagreeing, and some concurring. From time to time, thereafter, the "groupness" of the assistants was a subject of joking or comment. Several of the instructors who taught the assistants over time spontaneously commented to the Coordinator about their group feeling. During the early stages of the project, there was high group cohesiveness, which wore off somewhat after each was assigned and came to feel more a part of her own setting. Groupings of friendship were made and changed as the program went on. There was some socializing outside of working hours, and individuals stepped in to help out other assistants undergoing family crises. The emotional tension of the early months was very high as the assistants and staff floundered their way to defining the program, and at this point the assistants were a great source of strength to each other.

Throughout the program, the Coordinator met with the assistants weekly, in their role as research subjects. Some of these meetings were a discussion of problems with the program, suggestions for training, discussions of how to cope with staff and students, and the like. Some meetings were "bull sessions," others an exploration of ideas in psychology. Some were dull discussions of administrative details. When the assistants were preparing papers, describing the project, the group actively argued viewpoints to be presented. In these sessions the assistants showed considerable concern about their role as prototypes of a possible new group in psychology, and were actively involved in making the program a success, and in representing it fairly. As the assistants became more and more workers and less students, the weekly meetings became a place to keep up with each others' activities, and to maintain the personal contacts for which now there was little time.

The Coordinator often felt that something occurred in the meetings to take the life out of them, but during the project could not define what it was, nor could the group. Six months after the project ended, several assistants looked back on the meetings. They agreed that vital concerns seldom got on the agenda. "Everyone needed to let her hair down and say what was really going on, but somehow we didn't." Two suggestions were made. First, that in retrospect it was a mistake to invite the secretary of the project to the meetings; she was too much an outsider to be privy to the feelings of the group. Secondly, one assistant said "It was supposed to be a business meeting. We were supposed to be serious, adult, not blow off steam." A third possibility, as in the T-group, is that the Coordinator, being a faculty member with an assistant, presented a role-conflict situation which was inhibiting. It seems clear that the weekly meetings, while useful and sometimes very stimulating, could have benefitted the entire group and the project if "vital concerns" had more often been on the agenda.

Conclusion

The foregoing description of the training of the psychological assistants makes it very clear that their training was not carefully organized and planned in advance. Rather, it evolved, fitfully, not very neatly, but, all in all, effectively.

Knowing what we now know, how would we improve training of a group of assistants if we were to do it again? First, we would again begin with a sensitivity experience, this time conducted by one or more psychologists away from the setting. We envision something like the orientation week described by Hadley & True (1967) in their report of the program for the Associate Degree in Mental Health Technology at Purdue University. In our proposed "second chance," students would spend a week getting to know each other and the faculty. Sensitivity training (including much role-playing) would be conducted by persons other than the psychologists who would eventually supervise the assistants. The week would also give a chance for the group to explore with their eventual supervisors their attitudes toward psychology, and what psychologists do. Hopefully, an airing of concerns about invasion of privacy, reading people's minds, labeling people, manipulating people, fears of the emotionally disturbed, and the like, would clear the air so that the students could more easily see patients as people they were helping by assessment measures, rather than as people to be protected from a possibly malevolent authority bent on giving them a bad name (i.e. diagnosis). A foundation in the ethics of the profession could be laid through discussion of cases in the ethical manual (American Psychological Association, 1967). The orientation week would speed the process of seeing psychologists as real people who do not magically know more about one than one knows about himself. Hopefully, the week would also temper the inevitable disenchantment described by one of our assistants who feelingly remarked, "If you psychologists all know so much, why don't you do better"?

Once back in the setting, we would involve the new assistants in strictly psychological activities early. We would try to have a good stock of videotapes of a number of patient-care and research situations. The group would spend considerable time observing these, recording different kinds of behavior, and discussing with each other and their instructors how they arrived at their ratings.

Concurrently, there would be formal classwork, covering typical content as is found in courses on psychology of adjustment, dynamics, psychopathology, behavior approaches and interpersonal interaction, with bookwork tied closely to the kinds of observations assigned in videotape sessions. Hopefully, instruction would be by highly competent, dedicated enthusiastic teachers, who were comfortable enough with the content that they could translate it to the level of the assistants.

Assessment would be taught early, because it is "psychological" and structured. A training manual such as that by Pauker, Sines & Roush (1967) would be used. Coursework on the meaning of intelligence and orientation to theories of intelligence would accompany assessment sessions. Role-playing and videotapes would be used extensively, and assistants would be pushed to participate in testing by giving easier tests in a battery being administered by someone more experienced.

Material on normal development would be given early, with extensive use of observation of children of different ages.

Behavior modification methods and statistics and research would be taught again, as they were in this program, by a combination of theory and application, using as much as possible real problems the assistant was working with.

Although difficult to define, we would try to keep the characteristics of the program that seem to us to have made the most difference in learning. These include the close working relationship with a psychologist, and an opportunity to be involved as a partner in important clinical and research activities. We would again want to create a climate where innovation and questioning are valued, where learning is going on all around, and where people of many disciplines are struggling to answer important questions.

Hopefully, we would again find the assistants becoming more and more self-directed, seeking knowledge rather than having it imposed upon them, setting their own pace, recognizing their progress by what they suddenly realize they know, and do, and understand, rather than by external measures of others. Examinations would be for feedback into this self-evaluation process, not an extrinsic measure of their value. In short, we would like again, to create a situation where learning occurs by an active, participatory osmosis. Hopefully they would come to feel as one of the assistants described herself after three months in the project: "It's not only coming to work and enjoying it, and looking forward to coming to work. It's also getting and learning things that are important here, learning about people, learning how to get along with people, learning to see people for what they really are, realizing what's going on in the world. This sounds very intellectual, what I'm saying, or sounds very unbelievable, I'm sure, but I've never before seen things so realistically as I have now. I feel very down to earth. I'm still optimistic because that's just part of my personality and I can work better if I'm optimistic, but I'm very happy to see people honestly and be honest with myself about this job. It's good having ups and downs because you learn from the downs, and you feel good when you're in a high mood, so I'm very happy with the job right now. The only misapprehension I had when I came to the job was that I wouldn't be good enough for it. Now I find that I can do a great many things. I surprised myself. I find that I have a lot of qualities that help this job. I like to work quickly and get things done. I found out a lot of things about myself."

Finally, assistants in a second program would not have the spotlight on them; the Hawthorne Effect of being research subjects would be gone. Although this would mean less prestige, overall the result would be a gain. As quotations throughout this report show, the assistants were open in sharing with us their feelings and opinions throughout the project. The value of this contribution cannot be overestimated. The cost to the assistants of being research subjects, especially in the initial months of the program, was high. They felt "peered at," always under observation (more, in fact, than they were). Everyone questioned them about their function, their role, their attitudes (since the purpose of the research was to determine whether the assistants might come to serve a useful function, neither they nor the staff were in a position to answer these questions). Although warned originally that the jobs would inevitably involve much routine, most assistants entered the project with a sense of high expectation and drama. A meeting with the head of the department, describing the critical manpower shortage in psychology and setting the limits of their accomplishments only where they themselves wished to stop, led to an emphasis on self-actualization which caused disappointment as the assistants began to take on the more mundane duties included in their jobs. If the program were repeated, as an ongoing, non-research project, the approach to new assistants would probably be closer to that reached by one assistant, who went through many struggles before she could comfortably live with the worker-student-subject roles of the project. "To me, a job is a job. Helping people is a fringe benefit, but a fringe benefit of a specific job. To me, a job can't be soul-satisfying. No one is going to pay you for self-actualization—that's in yourself. No one owes it to you, you're there to do a job. The psychologist *needs* you to help him. You can't expect everything to be handed to you on a silver platter, and you can't have people hold your hand. In the beginning, people bowed down to actualize us, and I found myself asking, 'Why should he'? Am I being paid to do whatever crosses my mind, or to do a job'? Next time, when it's not a research project, tell people, 'This is a job. You will get some training, which will depend on your boss, and on his needs. You will need to be intelligent, to have a sense of responsibility, and you'd better be willing to accept the fact that psychology is not romantic all the time.'

Finally, in planning a program a second time, we would have the advantage of a much clearer idea of just what job we would be training for. Despite the variations among settings, enough commonality occurred that training could be less diffuse and more structured. The following section describes the jobs each assistant learned to perform, the tasks unique to an individual, and the tasks performed by all. The focus of PART V is the work itself, and what it meant to the productivity of the psychologist and his service.

Termination of the Project

The funding for the contract ended June 29, 1968. At this time, the assistants had been working on their services for twenty-two months. In the Winter of 1968, we had seriously considered requesting additional funds to make it possible to keep the assistants with the department, rotating some and leaving others in their original settings. We were discouraged from this because of the freeze in funds from Washington and a similar shortage of funds from the state. Furthermore, four of the assistants had plans that made it unlikely that they would be willing to continue in the department after the contract expired.

The last month was taken up with preparation for the visit of outside evaluators (see PART VII). Those leaving the department were busy tying up loose ends of work in progress, and preparing for the transition by turning over to their supervisors, the interns or the secretaries those parts of their work to be assumed by each.

At a meeting following the final evaluation session, the assistants were presented with certificates signifying their participation in the project. The following three pages show, first, a copy of the certificate, and next, photographs of the assistants in their roles as students and as workers.

After a description of the work performed by the assistants in PART V, we shall return to the situation at the end of the project, and describe the factors entering into the decisions of the assistants to stay or to leave, and our efforts to find suitable placement for those who wished to continue working.

University of Florida

College of Health Related Professions
J. Hillis Miller Health Center

This is to certify that

having successfully completed a two-year experimental postgraduate program of supervised training and experience in the patient care, administrative and research activities of the

Department of Clinical Psychology

is hereby awarded this

Certificate of Proficiency as a Psychological Assistant

Dean

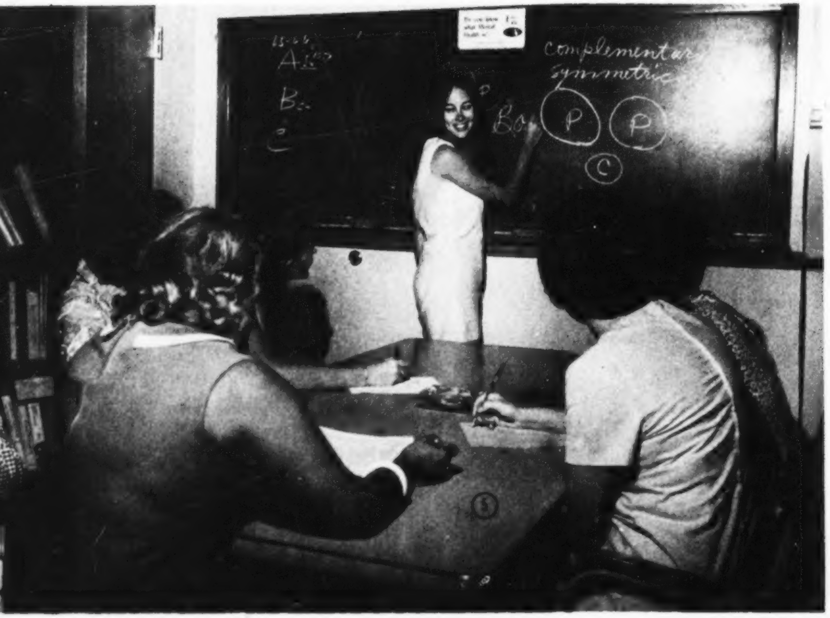
Chairman

Program Coordinator

Date

Gainesville, Florida

PSYCHOLOGICAL
ASSISTANTS
AS STUDENTS



1. Interchange of views at the weekly meeting with the Coordinator.
2. Sharing experiences over coffee.
3. An intern explains equipment to one of the assistants.
4. An individual training conference with a supervisor.
5. A group training conference. An assistant is presenting material on family therapy.

PSYCHOLOGICAL
ASSISTANTS
AS WORKERS

⑥

⑦

⑧

⑨

⑩

6. Clarifying a patient problem with clinic nurses.
7. Recording data on a behavior modification session.
8. Obtaining instructions from a supervisor on a difficult assessment problem.
9. Reviewing the literature for a research project.
10. Supervising clerical and secretarial personnel.

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PART V

THE ASSISTANTS' CONTRIBUTION TO THEIR WORK SETTINGS

Introduction

PART V of the report is devoted to several questions. First, what duties were actually performed by the assistants? Second, what was the effect of the presence of the assistant on the effectiveness or productivity of the psychologist? Third, what factors entered into the work role developed by each assistant? Fourth, is there a common core of duties performed by all assistants? Fifth, can duties be arranged in any order so that meaningful jobs at various levels could be developed in future programs?

The following section of the report describes each of the clinical settings separately. So far as possible, descriptions are the words of the supervisor and assistant in reports prepared for the outside evaluators at the end of the program. The work setting itself is described, followed by the assistant's activities and contributions. Where relevant, any other special features of the situation will be described, including the situation six months after the project ended. These reports reflect the attitudes and practices of the participants.

After all settings have been covered, the following section will summarize the tasks performed, grouping them into estimated levels of difficulty. The summary is based on supervisor and assistant data supplemented by observations of the coordinator; duties highlighted on one service were often performed on another without mention A position description for Psychological Assistant is included as Appendix C.

The final section of PART V summarizes the contribution of the assistants to operating efficiency, to clinical service, to teaching and research.

The Assistants in Each Setting: Tasks and Contributions

The Setting Affiliated with Outpatient Psychiatry

Original Expectations

At the time the psychological assistant project was first considered, the psychologist in this setting wrote the following about his plans for an assistant, should the program become effective: "A psychological assistant is seen as becoming a key person in this setting. Along with becoming proficient in the use of psychological assessment techniques, the assistant would be continuously responsive as a prime communication and coordination link for psychology and for patients with medical students, psychiatric residents, professional staff and administrative channels. The assistant would, in addition, participate in systematic data collection on patients in ongoing group and individual psychotherapy research."

Description of the Setting

The outpatient psychiatry service is located on the first floor level of the teaching hospital complex. Space is used interchangeably among medical students, psychiatric residents, psychology interns and practicum students along with other allied health professional students. Two rooms with a one-way mirror between are linked with videotape equipment and microphones, the equipment being the property of the Department of Clinical Psychology. The assistant worked in a large room on the ground floor, across from her supervisor. The room contained the remainder of the videotape equipment, and the tape recorders owned by the department for the use of students. The room was shared with a varying number of interns and practicum students.

The outpatient psychiatric and medical clinic deals with a broad range of complex psychiatric, psychological and medical patient disorders. The challenge and demands in this setting are with problems of differential diagnosis, prognosis, treatment planning and treatment follow-through. The clinical psychologist, in addition to the liaison with outpatient psychiatry, has also liaisons with Vocational Rehabilitation and with the Orthopedic Service. He is also involved in community consultation in a community 22 miles from the university. During the course of the program the psychologist assumed department responsibility for intern training and was actively involved in professional activities at the state level.

Activities of theAssistant on the Outpatient Psychiatry Service

Administrative Activities

The assistant was an important coordinator in and among the professional, administrative, student and patient groups with whom the service deals constantly. Her effectiveness was enhanced since she had a substantive understanding role alongside her coordinating one. Because she was actively involved in assessment and/or treatment, her contacts with patients, professionals and administrators carried more authority and involved more active interpretation and coordination than if she were functioning at the level of an executive secretary. She was responsible for patient scheduling, room scheduling, maintaining patient records; in this connection, she clarified reasons for consultation requests with physicians, made sure students were aware of cases scheduled for them, and followed up to make sure reports were completed and results communicated to those needing the information. She regularly attended interdisciplinary case planning sessions, participating actively. She traced problems in appointments, patients' bills, communications breakdowns, assuming more responsibility as time went on so that at the end of the program only the most sensitive issues were referred to the supervisor for handling.

The assistant was responsible for making sure the videotape, tape recorders and event recorders for the entire department were in good working order, that equipment, supplies and repairs were ordered, and that she knew the location of all equipment at all times. She operated all equipment, came to be able to make minor repairs, pretested equipment before it was to be used. She also operated slide and movie projectors as section activities required.

She performed various administrative duties in connection with her superior's responsibilities for intern training and state level psychological professional activities, involving preparation for meetings, assembling materials, organizing files and records, correspondence, etc.

Administrative activities were among the earliest learned. In the beginning they were quasi-secretarial; at the end of the project the assistant was looked to by all for the dual functions of coordinator and substantive contributor to the activities of the service. Administrative duties typically involved many brief contacts and interruptions of other activities. Throughout the project estimates of time for these activities ranged from 20% to 30%. Although burdensome at times, both assistant and supervisor agreed that administrative activities were of highest value in the efficient operation of the service.

Clinical Activities

As noted above, the assistant typically clarified the reason for the consultation with the consultee and made the original contact with the patient to set up an appointment. The assistant met the patient on the initial visit, introduced the patient to the setting, and conducted the preinterview session for the intern or faculty member. She might or might not sit in on the initial interview itself; she typically administered part of the psychological test battery, scored tests administered by herself (and sometimes by students), and prepared preliminary interpretive summaries. She participated in case conferences on the service preliminary to preparation of the report and discussed her findings. (Because of the presence of students in various stages of training, there was no set pattern for the amount contributed on a given case by the assistant, student and supervisor.) By the end of the project, the assistant often carried cases from initial referral to final report, with the supervisor's role limited to a brief contact with the patient and approval of the final report. Cases handled in entirety were more likely to be "technical reports" (such as evaluations for Vocational Rehabilitatation); cases handled as part of the team were typically more complicated "consultation reports" involving complicated diagnostic decisions or treatment plans.

Assessment measures administered at the end of the project are shown below. Those marked * were being administered when the assistant had been on the service 6 months. WAIS,* WISC, Stanford-Binet, Peabody, Object Sorting,* Bender-Gestalt,* Reading Level,* Wechsler Memory, MMPI,* Figure Drawings,* TAT,* Sentence Completion.* The assistant administered the Rorschach test several times in the second year, but was not interested in learning it nor did her supervisor wish to take time to teach her. Her main experience was with measures used for adults, and particularly measures of cognitive functions. In the second year of the program she became more adept at interpreting personality assessment measures, and was drafting reports including interpretation of MMPI, TAT, Figure Drawings and Sentence Completion which required relatively little revision. Her technical reports of cognitive function seldom needed changing, and the questions she raised by the end of the project were the same ones which troubled the professional psychologist.

The assistant gradually became more adept at conducting initial interviews and taking histories. By the end of the project this had become a very important function which she performed at a highly competent level. At the end of the project, the assistant had participated in treatment at various levels. Throughout the project she observed group therapy and marriage counseling and recorded interactions. She regularly attended interdisciplinary conferences involved with treatment planning and as she gained confidence entered actively into recommendations. Even early in the project she pointed up aspects of the case which seemed to her "practical" or "obvious" which the professionals had overlooked. While her suggestions at times, especially early in the project, were often seen as naive, there were a number of instances where the professionals admitted she drew attention to important practical aspects of cases to which their concern with theory had blinded them. She regularly went with her supervisor to the community where he consulted and gradually became an important member of the consultation team. In the second year of the program she served as cotherapist in group and individual treatment, primarily as part of her learning experiences. Throughout the program she participated in behavior modification as an observer and as a member of the treatment team.

The time spent on clinical activities varied, averaging from 40 - 60% of the work week.

Research Activities

The assistant participated in all phases of research on the service. She set up and maintained a research reference file; reviewed *Psychological Abstracts* regularly and called to her supervisor's attention reports that would interest him (an increasingly valuable function as she grew to know his interests and activities). She sent for reprints, assembled research materials, abstracted articles. She administered research procedures to subjects. She participated in data analysis, making computations, preparing materials for the computer, preparing charts, etc. She helped in writing, editing and proofreading reports and was particularly valuable in editing and proofreading.

Research time varied, ranging from about 15 - 30% of the work week.

Other Activities

The assistant had frequent contacts with students on and off the service. From time to time she assembled teaching materials for students and assistants at teaching seminars. She oriented all new practicum students and interns, introducing them to key personnel explaining hospital procedures, describing the meetings and conferences required or available, explaining tests or test administration procedures unique to the service. By the end of the program, new students often accompanied the assistant and observed her in interviews and testing (just as she had learned from students early in her own training). The assistant served as a sounding board for students and her supervisor in "talking psychology" to clarify ideas for research, or patient care.

By the end of the project the assistant was so familiar with her supervisor's activities and interests that she frequently represented him at conferences. Since these activities were often part of clinical, research or administrative duties, it is hard to estimate time, but they probably consumed 10 - 25% of her time, and were a highly valuable function for the supervisor and others on the service.

Typical Week

The assistant described a typical week at the end of the project as follows: "Evaluation of at least two Vocational Rehabilitation patients; a complete day of classes every Tuesday; attending conferences - 5 weekly (grand rounds, seminars, teaching conferences, business conferences, etc.). I observed group therapy every Tuesday for an hour and a half, and then participated in the post-critique sessions afterwards; a very good learning experience for me. Every Friday I was a co-therapist with my supervisor—my role being that of a supporting female, an observer, a recorder, and a behavior therapist. I also came in Wednesday nights to run subjects for a research project on family communication. My continuous job throughout the week was administrative, liaison, keeping up equipment, and orienting students."

Changes Attributable to the Presence of the Assistant

Changes in Clinical Services

The time between the initial referral, the evaluation and the communication with the referral source was significantly decreased, thereby resulting in an increase in referrals. A striking increase occurred in referrals from Vocational Rehabilitation. The assistant provided continuity of service when graduate students were not available.

In the last months of the program, the presence of the assistant materially contributed to the execution of a two-county Special Education Diagnostic Screening Survey of 600 school children. The assistat participated in the evaluative phase of the diagnostic screening.

Changes in Research

The assistant made it possible for three pilot research projects to be completed.

Changes in Teaching

As a result of the orientation program for graduate students conducted by the assistant, the supervisor could devote more of his time with students to substantive issues. Lectures and seminars conducted by the supervisor were improved by the assistant's activities in assembling teaching materials and operating audio-visual aids. An operant Workshop was planned and carried through.

The supervisor took over a program for selecting, planning the training of, and evaluating the progress of clinical psychology interns.

Changes in Liaison and Consultation

The supervisor was able to maintain liaison with Psychiatry Outpatient Services, Vocational Rehabilitation and Orthopedics in less time, and was thereby enabled to increase community and Veterans Administration consultations.

Changes in Operating Efficiency

Misunderstandings related to patient care were decreased. Notably better relationships developed between the members of the service and patients, referral sources and hospital administrative departments. Improved control of patient charges resulted in greater recovery of fees formerly allocated to other departments in error. For the first time a control system was instituted for expensive department equipment (videotape, tape recorders, event recorders); equipment losses and time lost because of inoperative equipment dropped sharply.

In short, the presence of the assistant increased the efficiency and productivity of clinical services. The time freed for the supervisor was spent by him in developing or extending consultation services, in improving graduate training, and in carrying out clinical research.

Loss of the Assistant on Completion of the Program

On completion of the program, the assistant moved away from the city and the service was without an assistant. During the last two months the assistant was concerned about what would happen to the service, particularly the many administrative relationships she had developed. She spent time with department secretaries working out with them those aspects of patient care that they could assume responsibility for, and wrote instructions for students.

Her prediction was that in time the greatest loss would be in the good will that had developed through her efforts to interpret one group to another, the smooth operation that came from her checking on details of patient care to make sure all ran smoothly, her reminders to students of hospital details regarding schedules, patient charges, and preparation of reports, and her screening of bothersome details which her supervisor has neither time nor interest to cover. Graduate students at the time the program ended also expressed concern about the loss of a person who knew all the "ins" and "outs" of the operations of the service, and wondered how much of what she did they would be asked to take over.

In a report six months after the assistant left, the supervisor wrote: "The termination of the psychological assistant working with me over a two-year period represents a direct loss of the function given by the title---that is, a loss of function of an assistant to a psychologist. The assistant was clearly able to give competent and needed help in patient-client assessment and treatment activities, to render managerial services called for in any clinical setting, and to serve as a collator and disseminator of diverse information. These activities of the assistant have been partially compensated for by psychology graduate students and an undergraduate work-study assistant. Current plans are for hiring three psychological assistants to become proficient in working with me and my students on psychiatric services."

The Setting Affiliated with Inpatient Psychiatry

Original Expectations

At the time the psychological assistant project was first considered, the psychologist in the setting wrote the following about her plans for an assistant, should one be assigned to her service.

"The psychological assistant in the Inpatient Psychiatric Service will serve a number of functions designed to free the staff member for more intensive training and research involvements. The general duties include some routine testing of patients and families, and involvement with the admissions procedure which hopefully will eventually match therapist and patient more effectively.

"Two other aspects of this role model will be explored. One is that of 'communication' in this multidisciplinary setting. This will permit more effective coordination of training research and service activities of psychology with the activities of other departments involved with the unit. The second aspect is that of research involvement. A psychological assistant might be quite valuable in a limited research capacity given some training in the necessary basic clinical skills for patient-interaction and data collection. Thus clinical-research with patients could be greatly facilitated.

"Fortunately this placement offers excellent opportunities for in-service training with opportunities to observe and to participate in admission conferences in a variety of patient-staff meetings with a range of varying psychotherapeutic intensity. Of course, training in specific psychological skills can be provided through the staff.

"Ultimately such a person will serve as a 'back-up' person, performing tasks that are neither clerical nor which require the highest level of academic and clinical skills, but which are essential to productivity, time-consuming, and require some training and an ongoing commitment with psychology."

Description of the Setting

The inpatient psychiatric unit is housed on the 8th floor of the Teaching Hospital. It is a 34-bed unit for treatment of emotionally disturbed adolescents and adults accepted on voluntary admission. Students trained on the unit include psychiatric residents, medical students, nursing undergraduate and graduate students, clinical psychology interns and practicum students, occupational therapy interns and social work interns. A total-setting plan is emphasized, with frequent multidisciplinary conferences.

Clinical psychology has a testing room on the floor, but the clinical psychologist's office is on the ground floor. The assistant had the office across the hall from her supervisor. She shared the office with graduate students assigned to inpatient psychiatry.

At the beginning of the project, the psychologist's interests were largely involved in the clinical and teaching activities related to the inpatient service; during the two years of the project, the supervisor's research activities increased sharply. She also assumed responsibility for the clinical rotations and training of practicum students, a time-consuming assignment which necessitated further withdrawal from clinical activities. The shift in emphasis of the supervisor was naturally reflected in a shift of assignments of the assistant.

Activities of the Assistant on the Inpatient Psychiatry Service

Administrative Activities

The assistant early learned the administrative tasks necessary to insure smooth coordination of activities of psychology with the other disciplines involved in the inpatient unit. These included attending conferences, scheduling psychological assessment, setting up charges for services and making sure these were properly accounted for, making room arrangements, obtaining tests and equipment, and otherwise coordinating services with psychiatric and other personnel. Early in the program these activities took about 25% of the assistant's time. Late in the program as her supervisor and she decreased clinical involvement, less time was spent on day-to-day communication and coordination.

Clinical Activities

Graduate students assigned to the service were responsible for psychological assessment. This service seldom had the "overflow" of other services where assistants were required to become highly involved in testing. When she had been in the program one year, the assistant had learned administration and interpretation of the WAIS, MMPI, Bender-Gestalt, something of the TAT, Rorschach, and she was beginning to write interpretative reports. While the assistant learned much about personality dynamics, psychopathology, and assessment through observations of testing and through conferences with students and her supervisor, she seldom was called on to participate in assessment.

Early in the program as part of her learning the assistant was part of the behavior modification team for one patient, and spent considerable time working with (and learning from) another patient. Aside from these early experiences, the assistant's major involvement in treatment was her responsibility for filming on closed-circuit television and editing videotapes for sessions of an inpatient adolescent group conducted by her supervisor. The assistant also filmed and edited tapes for admission conferences, making these available for teaching purposes. Clinical activities took 5 - 15% of the assistant's time.

Research Activities

The major contribution of this assistant to her service was in the area of research. Her duties included literature reviews, setting up and maintaining research files, assisting in developing research designs, ordering or making necessary stimulus materials and equipment, locating and scheduling research subjects, administering research procedures, analyzing the data, preparing data for the computer or doing statistical analyses, acting as liaison with the computer center and others involved in or affiliated with supervisor's research, and editing and proofreading research reports. In these activities the assistant exercised considerable autonomy, being responsible for carrying through research projects once her supervisor had planned them, referring back to her supervisor only when critical decisions were necessary. Research activities accounted for 75% of the assistant's time.

Other Activities

The assistant oriented new graduate students assigned to the service, explaining the physical setting, customs, rules, functions of different disciplines and personnel, etc. She described the typical test battery, how to schedule patients, where to obtain materials, how to put through charges. With increasing experience, the assistant was able to advise students on typical questions asked of psychological assessment, and how to determine from residents the purpose behind the consultation request. As a permanent member of the service, she oriented new students to the patients in the ongoing adolescent group, with a brief history and account of goals for each and progress to date. Finally, the orientation included a warning of the stresses of working on the inpatient service, and that it was not necessary to hide their feelings from the supervisor. These activities occupied 5 - 10% of the assistant's time.

Typical Week

The assistant did not write a description of her typical week. The following is abstracted from the coordinator's interview notes. No week was the same. The assistant generally came into the Center at least briefly every day to take care of any administrative details. Many days were spent in trips between the clinical psychology department, the computer center, the library, and various settings, in the city and outside it, where research subjects were to be seen. Hours were erratic, with some weeks involving much night work when subjects were available. Other weeks involved much work at home, where the assistant could concentrate and accomplish three times the work it would have been possible for her to do in the office. About one week out of the month, three or four hours would be spent going to different accounting desks in the hospital to clarify problems in patient charges. Each week she televised the adolescent group session, and tried to visit the inpatient unit at other times when she was free. Since two or three projects were at different stages at all times, there was a constantly shifting set of priorities and deadlines in research and administrative duties, requiring considerable flexibility in planning and scheduling.

Changes Attributable to the Presence of the Assistant

Changes in Clinical Services

The nature of the service was not such that the presence of the assistant could affect the amount of assessment or treatment. Her presence did facilitate improved communication between psychology and other disciplines on the service.

Changes in Research

As a result of the assistant's assumption of time-consuming and interrupting administrative duties, and as a result of the assistant's availability for time-consuming literature reviews and running of subjects, the supervisor was free to design research and to write to an extent formerly impossible. Four major projects were planned and completed or nearly completed by the end of the program, with groundwork laid for another study begun several months after the assistant left the service.

Changes in Teaching

As a result of orientation of interns and practicum students by the assistant, the supervisory time with students could be used for more substantive issues. The supervisor markedly increased her involvement with teaching during the project; the increase was not due to the presence of the assistant, although the freedom of the interruptions of administrative detail made possible by the assistant's presence probably simplified course preparation.

Changes in Operating Efficiency

Improved control of charges led to greater recovery of fees formerly allocated to other departments in error. The service suffered fewer delays because of lost equipment, depleted supplies, problems in operating television equipment, etc.

The major effect of the assistant's presence was in supervisory time freed and assistant time available, which together made it possible for the supervisor to devote more time to research and teaching.

Loss of the Assistant on Completion of the Program

It is difficult to assess fully the effect of removal of the assistant from the service, since concurrently the supervisor's affiliation has been changing. Administrative duties were delegated as much as possible to secretarial personnel or interns, but some supervisory time has been required. Except for activities a secretary could do, the bulk of the research activity is now performed by the supervisor, if it is performed at all. Ongoing research is delayed and planned research deferred. In the supervisor's view, one or more assistants are needed to avoid further setbacks, although there are no current available sources with the completion of the program.

The Setting Affiliated with Child Psychiatry

Original Expectations

At the time the psychological assistant project was first considered, the psychologist in this setting wrote the following about his plans for an assistant, should the program become effective:

"The psychological assistant's role may be considered analogous to that of the nurse. It will carry multi-faceted responsibilities of a technical and helping nature which are designed to increase the professional effectiveness and social utility of the clinical psychologist in his service, research and teaching functions.

"Specific duties will include: (a) coordinating training and service functions between the Department of Clinical Psychology and the Division of Child Psychiatry; (b) scheduling and maintaining routine clinical services; (c) administration of some psychological tests; (d) scoring psychological tests; (e) preparing sections of test reports involving the interpretation of test scores by explicit rules or actuarial methods; (f) assisting in the collection of data on service-connected research projects; (g) assisting as a data recorder and helper in behavior analysis and modification procedures; and (h) the duplication and filing of research data and reports. Additional duties will be tailored to the particular skills and interests of the person.

"A four-year degree, preferably, but not necessarily in psychology, will be the basic educational requirement. An interest in disturbed children, intelligence, flexibility, and enjoyment in the helper role appear to be desirable personal characteristics.

"Training will be primarily in the apprentice manner until competence and efficiency in the various aspects of the role are achieved."

Description of the Setting

For reasons obvious from the description below, most data about the Child Psychiatry Service at the end of the project were obtained from the assistant herself. She is an astute and accurate observer; furthermore, her descriptions characterize many aspects of the project experienced by all the assistants, but seldom expressed so well. For this reason, much of the report of the Child Psychiatry service will be given in the assistant's own words.

"The department of Child Psychiatry is unique in that it is located physically separate from the rest of the clinics and includes staff members from many disciplines. However, the department has changed drastically since I began the program and I will need to describe several stages of its development, in terms of the psychological services.

"When I first joined the staff my first supervisor was Chief Psychologist for the Child Psychiatry Service. My second supervisor joined the staff in November, 1966. My first supervisor's orientation and interests lie in the direction of operant conditioning and learning theory principles. Until December, 1966, his office was located in the Clinical Psychology Department and we, as well as other Child Psychiatry staff, saw patients in the Outpatient Clinic upstairs. We attended conferences and other meetings in the Child Psychiatry department, which then consisted of crowded offices in temporary quarters. Communication between Child Psychiatry and psychology was often confused and I was assigned to help remedy this. In December, the entire department, including Psychology, moved to other temporary quarters several hundred yards away from the hospital. Here, testing and therapy were all done in our own offices. Although closer physical proximity meant better liaison between psychology and other members of the Child Psychiatry staff, communication was still sometimes chaotic. Our group was large and diversified and included my 1st and 2nd supervisors, two part-time master's psychologists three interns, and me. I became the liaison person who worked with the secretaries in scheduling patients, received consultation requests, and assigned them, found rooms for testing, kept records up to date, and slowly got things more organized.

"In April, 1967, my first supervisor left the Child Psychiatry Service and my second supervisor became Chief Psychologist. Her orientation leans toward Erikson and Piaget and her special interest is in child development. At this time Child Psychiatry also provided the psychological service with a secretary who typed our reports, made copies and sent them to the correct places, and helped me with keeping an up-to-date schedule of appointments in psychology. This left me freer to do more testing and to work with my supervisor on her special projects. It also helped our service to become an integral part of the Child Psychiatry Department, for the benefit of the patients as well as for staff convenience. We could coordinate appointments and room assignments. Child Psychiatry made their own appointments and patients checked directly into the Child Psychiatry control desk.

"In July, 1967, the new Human Development Center was completed, with its facilities for both Inpatient and Outpatient Child Psychiatry. We moved there and after the initial chaos, settled into a comfortable routine. A secretary is still assigned to the Psychology staff. We have sufficient space so that we can see patients in our own offices. (Note: This is the only assistant to have an office of her own.) However, the Inpatient Unit has added considerably to our work load. During screening and selection of patients for the unit we did three inpatient evaluations per week for about three months. Since the unit has been filled there are still many applications for admission, and we do an average of two or three evaluations per month. In addition, patients on the unit must be re-evaluated periodically and testing must be done at this time. We still carry our full outpatient load, including some therapy patients as well as testing consultations for all staff and students.

"The most recent change has come with the departure of my supervisor in April, 1968. Until the new chief psychologist comes, probably in August, a master's level person, who works half time, and I are the only psychology people left in the department. A clinical psychologist from the Psychology Department on campus, spends one day a week on the service supervising us and attending clinical conference. Because there is no one to supervise them, there are no students on this service now. This means that the half-time person and I are carrying the psychological work load, which has been temporarily cut down to a minumum.

"Each change, as it occurred, was easier to accept. When my first supervisor told me he was leaving I was upset at first. Although I knew my second supervisor and liked her, I didn't know what she thought of the psychological assistant program or what she would expect of me. However, she made the transition much easier by sitting down with me and discussing what I felt I could do and what she wanted me to learn. Then, knowing that she would probably be leaving before a replacement could be found, she began to prepare me to 'stand on my own two feet' and represent psychology adequately in the Child Psychiatry Department since I would be the only full-time staff member there. Though her leaving was a great personal loss to me, it was not traumatic in that I felt confident of my ability to take the new responsibility and I am grateful to her and my first supervisor for preparing me for this. I also know that I have many people on the Child Psychiatry staff to turn to for help, as well as members of the Clinical Psychology staff. I do not feel that I have bitten off a bigger mouthful than I can swallow. Everyone has been very supportive. A significant by-product of these changes has been the broadening of my background and perspectives. I have worked for three psychologists who espouse very different views and have been able to use all of them in developing my own psychological orientation and in building a broad background of experience."

Activities of the Assistant on the Child Psychiatry Service

Again, the assistant speaks for herself.

Administrative Activities

"Administration activities occupy 25 - 30% of my time. Consultation requests from all Child Psychiatry staff are directed to me. I keep a schedule of open times for psychology staff and students and assign and schedule consults accordingly, notifying therapist and social worker when we'll be seeing the patient and having the appointments secretary set up the appointment with the patient. I keep a record of the assignment, and make a file folder for the tester which is returned to me with the raw test data when the report has been written. This folder is kept in a file in my office.

"I also keep a schedule of when therapy patients are seen by psychology people. All this information goes to the secretaries for compiling their monthly report.

"Child Psychiatry staff members often ask me about scheduling patients at a specific time, make a preference as to whom they want for tester, or even ask my advice about what tests should be given a certain child. In return, I glean information about specific patients to be tested and pass it on to the tester.

"The secretary and I try to maintain an inventory of all tests and who has them. We order new material through proper channels when necessary."

Clinical Activities

"I have become proficient at administering, scoring, and interpreting the WISC, Stanford-Binet, Cattell Infant Intelligence Scale, Peabody Picture Vocabulary Test and Bender Gestalt. I can interpret the Draw-A-Person, Sentence Completion, TAT, and MMPI competently, often using references. I have also given the CAT, Family Relations Test, Leiter International, PARI, Seguin Formboard, and Denver Developmental Screening Test. I gave the Rorschach several times and my supervisor helped me with interpretation, but this was shortly before she left and we did not have time to go into it in depth. I do not feel confident about giving it at this point. (Coordinator's note: The supervisor had been one of those most adamant that assistants should not learn Rorschach, but changed her mind after working with her assistant.) I am familiar with the Frostig, the ITPA and the Diagnostic Reading Scale which are normally administered by Special Education on this setting.

"Occasionally I take a history from parents of a child who has not yet been assigned to a therapist and social worker, and write that up. As well, I make off-the-cuff oral reports of testing to teams involved in Fellow's Clinic or Inpatient Evaluations.

"In October, 1966, I began to observe behavior modification sessions run by psychology interns and to record specific behaviors and graph the results. Slowly I developed my own methods and shortcuts for recording data. In January, 1967, I began to participate actively as a member of a behavior modification team, under close supervision and observation. In October, 1967, in connection with Dr. Wolking's class in behavior modification, I became a treatment team leader for my own patient, doing behavior modification with a child who was also seen in Special Education, and by a psychiatrist. I have been seeing this child ever since then and supervision is now very general, most of the planning and decisions being left up to me. However, I prefer to check with the clinical psychologist and the psychiatrist on the team before implementing new procedures. Clinical activities occupy between 25% and 40% of my time."

Research Activities

"My supervisor began a book which reviews and compares several different points of view on child development. I did reading, note-taking, and draft writing for this project. This took 20 - 30% of my time."

Other Activities

"I helped my supervisor prepare seminars for general psychiatry residents. I have also explained tests and thwir results to Child Psychiatry Fellows and social workers who were unfamiliar with them. I frequently am observed testing children by students and staff.

"Always I have 'represented psychology' in formal and informal ways when my supervisor couldn't be there. This includes reviewing test results and making recommendations in team meetings, inpatient meetings, and case conferences. It also means making assignments to psychology in Intake Conference as well as being alert to patients who will probably be referred to us for testing.

"As each new group of students comes, or a new secretary, I have the main responsibility of acquainting them with procedures and red tape on the service, as well as where to find things, what form to use in writing reports, and especially with practicum students, how to administer some of the tests. I teach the secretaries how to score MMPI's and PARI's. Often I have performed the role of supportive listener when a student has clashed with the supervisor, as well as mouthpiece for a secretary who is a bit awed by her boss.

"These activities take 15 - 30% of my time."

In writing this final report, it is hard to convey to the reader why the staff so highly valued the administrative-liaison functions of the assistants. The description of the assistant given above shows the role from the assistant's view. Before the assistant's supervisor left the department, she discussed the program with the Coordinator. The following supervisory comments are taken from the Coordinator's notes. "Our confidence in each other made the

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care of a complex department so easy. I cannot be functioning fully and take care of a complex department too. If I tell a student he is not up to par, he goes to her. She reinterprets it, and tells him not to worry about being *totally* incompetent. The students use her a lot, as a dry run for a problem. On the basis of her judgment, they do or do not come to me.

"She knows where everybody is, who is cranky today. She smooths the way. I route things through her. If she is informed by me so that she knows *all* about what's going on—research, schedules, teaching—she can channel and refer better. She runs the service because she knows what's going on. She warns me about things going wrong so that I can step in. She has gone to inpatient meetings and represented me there. She has grown more and more capable in the system. She talks to residents about referrals, clarifies questions—do they *really* need testing? She controls the case load a little.

(How is she different from a secretary?) She knows the instruments. She can evaluate the students and judge cases they are ready to handle. She is my official representative—knows my point of view better than anyone. It comes from my contacts, working with me and with other people. I can't imagine ever running a service without an assistant."

This supervisor, who was dubious about the practical and ethical aspects of our program at first, represents graphically a development in the thinking of most of the staff. The assistant as an adjutant, an extension of the psychologist who knew his interests, plans, manner of working, became a buffer, a channeler, a screener, an extra pair of eyes and ears, at times a confidante, a sounding board, an alter ego of the supervisor. The supervisor-assistant relationship typically became a blend of loyalty, camaraderie and mutual respect, in the service of goals considered important by both.

One final view of the assistant's operation is in order. The coordinator talked with the clinical psychologist who came to the service one day a week after the second supervisor left. Nominally, she supervised the assistant. Since this psychologist is not in the Department of Clinical Psychology in the Health Center, but rather is in the Department of Psychology in the College of Arts and Sciences, she had not been involved with the assistant program before coming to Child Psychiatry. "Before the supervisor left, I was only aware of the assistant at a distance. As nearly as I can see, in the children she sees, she is as good as a practicum student on a second rotation—without any question. She has learned her specific area, understands her skills, and functions well. As the supervisor and students left, the assistant moved in—not aggressively but responsibly. People accept her. She has moved more toward being seen as a psychologist, but is not seen as a professional yet. She doesn't present herself in that way. She is clearheaded and reliable. She does as she did before, handles all the administrative details, and is seen as the one running the psychological service. She checks with me, but my supervision has been more concerned with cases she has worked on. I have no objection to her carrying the responsibilities she handles. I am comfortable with it and the other members of the department seem to be too."

Typical Week

The assistant described a typical week as follows:

"Monday—Every other week at 9:00 I test a child who is a candidate for admission to the Inpatient Unit. Other weeks I use this time to write reports and catch up on patient scheduling and record keeping or to re-test an inpatient. At 11:00 I attend Intake Conference with the chief psychiatrist of the outpatient services and the chief social worker. We go over new applications and make assignments. Before my supervisor left, I attended these conferences only when she could not be there. In the afternoon I go over the morning's testing, continue with report-writing and usually try to clear my desk of filing, etc., and firm up the psychology service schedule for the week. I keep track of all testing and therapy patients seen by psychology staff and students. If there is time I may do reading—studying a new test manual, reviewing for the book I am helping my supervisor to write or reading a recommended article.

Tuesday—This is Psychological Assistant Training Day and I normally spend the entire day in the Clinical Psychology area with the other assistants, checking in at Child Psychiatry only to be sure there is nothing urgent for me to do there.

Wednesday—At 9:00 I attend the Child Psychiatry seminar, in which a staff member or visitor talks on a pertinent subject and there is a discussion. At 10:30 I see my patient in a behavior modification session for an hour, part of the time observing a graduate student who also works with him. Once a month at 1:00 there is an inpatient staff meeting at which policy decisions, patient admissions, and specific problems are discussed. I represent psychology at this meeting since my supervisor is gone. At 3:00 is Fellow's Clinic, in which one of the Child Psychiatry Fellows sees a new patient while a social worker or student sees the parents, both in observation rooms. This is a teaching clinic, with a staff member from social work, psychiatry, and psychology observing with students from these disciplines and discussing the case. I have been representing psychology and usually do testing at these clinics since we have no students or staff member. It is a good experience for making interpretations quickly, as well as for working in a team.

Thursday—At 8:30 we have Clinical Case Conference, in which a Fellow, student, or staff member presents a therapy case, with reports from the social worker, psychology, special education, and other disciplines if they are involved. Sometimes I have done the testing and present it there. I am also scheduled to present one of my therapy cases sometime this summer. This is a teaching conference, with much discussion, and lasts one and one-half hours. The rest of the morning I try to write up my Fellow's Clinic Report, or see a child for testing. My part-time supervisor comes in the afternoon and we spend about two hours in supervision. She usually reads over reports I have written and signs them, or we may go over a particularly difficult case together before I write it. We also discuss my therapy sessions, and any difficulties on the service that may have come up. We check to see that we are keeping up to date in report writing and handling consultations. Before my supervisor left, my times with her were more frequent, but used essentially for the same purpose.

Friday—My play therapy patient comes at 9:00 and I see him for an hour. At 10:00 I usually schedule a testing patient for the outpatient consultation service. In the afternoon I check with the social worker who sees my patient's mother, and discuss how the session went that morning. Every other week the team for my Wednesday patient meets to discuss his progress and plans for the future.

Throughout all this there are many little things like "stopping in the doorway conversations with social workers, students, psychiatrists and secretaries which are important in keeping lines of communication open and knowing each other. When I have retested inpatients, I attend their team meetings which are scheduled each afternoon from 1:00 to 2:00. I also try occasionally to spend time on the inpatient unit with the children, but this doesn't happen often. There are, as well, other little meetings which come up and take out an hour here or there."

Changes Attributable to the Presence of the Assistant

Below is the assistant's evaluation of her impact on the service. The importance of the administrative changes she instituted were confirmed when the outside evaluators spoke to one of the child psychiatrists about her. Her comments about the productivity of her supervisor are in accord with the observations of the faculty, although perhaps understated. (See comments of supervisor in "Other Activities" above.)

"Since the whole child psychiatry setting has changed so drastically over the past two years (see above) it is almost impossible to assess the contribution my presence has made to the clinical service. Our case load has changed, depending on the number of students and staff members we had, as well as the demand. For instance, during the peak screening for inpatients, we had five interns, three full-time and one-half half-time staff members and we were all very busy. Now with only one full-time and one half-time person on the service, the department has regulated it's demand to a minimum. The number of patients I have seen steadily increased from about one a month during late 1966 to an average of three testing patients and two therapy patients per week now.

"However, the efficiency and organization of the service has improved tremendously. This can be attributed mainly to two things: (1) the incorporation of psychology into the physical setting of child psychiatry with our own secretary, a coordinated appointment clerk, etc., and (2) my presence. I am the one who learned all the red tape necessary in keeping the service functioning smoothly and who keeps everyone else aware of it (better known as "bugging them about it"). I have instituted ways of short-cutting the scheduling, doing consultations promptly, keeping the therapist informed as to appointments and test results, keeping tests and data available, and keeping lines of communication open at all levels. This has not been easy, and I've gone to my supervisor close to tears at times, but a routine has finally been established and we are operating efficiently. Though I have enjoyed testing and treatment, and am needed to help with it, my most significant contribution has probably been serving as liaison person between psychology and other members of the child psychiatry department.

"This freed my supervisor from many of the petty problems that would have taken large chunks from time she could then devote to writing research, teaching, and clinical work. For instance, because I was there she was able to offer to conduct a seminar on psychological testing for the general psychiatry residents. During her last few months here, I practically ran the service while she supervised and finished the first chapter of the book and wrote up a grant proposal."

Status Since the Completion of the Program

The assistant worked during the summer of 1968, "running the service" as described above. A new clinical psychologist came shortly before the assistant (who was then late in pregnancy) left. He subsequently employed a young woman who is being trained as an assistant. As of this writing (about 4 months) the new assistant is beginning to fill the same kind of liaison role for the new psychologist, who perceives it as highly valuable. The new assistant too is learning psychological assessment, but it is, at least at present, the information-gathering and dispensing function which is most helpful. There is evidence that the new assistant inherited some good will by the experience of the department in relating to her predecessor, but to a large extent she has developed relationships in her own way.

The Clinical Neuropsychology Setting

Original Expectations

As described in PART II, the Neuropsychology Service had employed a psychology graduate to work on the unit several years before the present project began. Indeed, this student was the prototype for the assistants, and it was because of the contributions she made to the setting in clinical service and research that the present program was developed. At the time this program was being considered, the psychologist in this setting wrote the following about his plans for a second assistant:

"A great need exists for a psychological assistant for the clinical neuropsychology laboratory which is housed on the inpatient neurological and neurosurgical wards of the Health Center. The need exists to train such a person to carry out a wide variety of service, research and training functions. The laboratory faces overwhelming demands for rapid assessment of brain lesion disorders in man. Patients from these hospital services generally come in for short periods of time and therefore require early psychological and neuropsychological evaluation in order for the psychologist to make a significant contribution in the decision-making evaluation of the patient. Without a properly trained assistant to coordinate and administer these newly-devised tests, the psychologist would be frustrated in his attempts to cross-validate and improve upon these tests. Furthermore, it would prevent him from undertaking additional research aimed at broader brain behavior investigations. The addition of the psychological assistant would also free the psychologist for a more intensive supervisory role in the teaching of pre-doctoral candidates within this setting. Our previous psychological assistant more than adequately fulfilled this role.

"The kind of person we desire for this position should be bright, curious, motivated to learn and having had at least two years of undergraduate education preferably in psychology or in an allied discipline."

Description of the Setting

The neuropsychology laboratory is a three-room service, located on the fifth floor (neurosurgical and ENT) of the medical center. Two rooms are available for office space and one room is used to test patients. In addition, the supervisor is a consultant to the VA hospital and has some office and laboratory space in the NASA building on campus. Referral sources are: the general medical and neurology inpatient services, neurosurgery and surgical specialities inpatient services, pediatric out-patient service, general medical, neurology and neurosurgery out-patient, ambulant and inpatient psychiatric services and most recently the neurosurgery and neuropsychiatric wards in the new Veterans Administration hospital. In addition to the extensive clinical service, the laboratory is carrying on an active program of research in brain-behavior in the areas of hemispheric differentiation in speech, auditory somatosensory and visual functions both behaviorally and developmentally.

The setting houses the psychologist, a variable number of interns and practicum students, three research assistants and two psychological assistants. At the beginning of the psychological assistant project, the setting consisted of the supervisor, graduate students, and two assistants, with additional personnel added gradually, most in the second year of the project.

Activities of the Assistant on the Neuropsychology Service

Just as the assistant on the Inpatient Psychiatry service was primarily a research assistant, so, from the beginning, the assistant on the neuropsychology service was primarily a clinical assistant. The concentration on assessment was mainly a function of the needs of the service, partly a function of the preference of the assistant.

Administrative Activities

Administrative activities were gradually taken over from the original assistant, sometimes delegated to interns for their training, sometimes performed by other section members. Requiring 20 - 20% of the assistant's time, administrative activities involved assigning consultation requests to students or staff appropriate for handling the case, scheduling patients for testing (always complicated on patients hospitalized briefly for extensive workups by many medical specialities), preparing daily reports, making sure charges were processed properly, and maintaining patient records. These activities consumed 10 - 20% of work time.

Clinical Activities

The major clinical function of the assistant involved psychological assessment of a wide variety of neurologic and personality disorders. She administered the neuropsychology battery: WAIS or WISC, Wechsler Memory, Satz Block Rotation Test, Somatosensory tests, Motor tests, Aphasia Screening, Gray Oral Reading, Bender Gestalt. In selected cases, she also administered a personality battery including MMPI, Rorschach, and TAT, accompanied by a clinical interview. She scored, recorded test data, integrated it into a provisional diagnosis, and drafted reports, for approval of her supervisor. In the supervisor's absence she discussed test results and inferences from tests about brain disease with medical personnel. About half of assessment requests were concerned with questions relating to brain damage, about half involved personality assessments of patients presenting primarily with medical complaints. Testing involved both children and adults. She assistant was competent in administering the neuropsychology battery at three months, was administering the personality battery at six months. At the ten-month report she was beginning to write reports and at twenty months was writing reports for the neurological testing, and drafting reports for personality assessment. These activities consumed 70 - 80% of work time.

Research Activities

From time to time the assistant tested subjects for research, reviewed literature, proofread and edited manuscripts. Research assistants on the service did the bulk of research activities to assist supervisor. These activities were sporadic, averaging 5 - 10% of work time.

Other Activities

The assistant oriented new graduate students assigned to the service by describing the physical setting of medical and surgical floors, key medical personnel, consultation procedures, typical test battery. She taught the specialized neuropsychological tests used on the service, and gave new students an opportunity to learn by observation of her test sessions. These activities consumed 5 - 10% of work time.

Typical Week

Consultation requests were received throughout each day, by telephone, and in writing from within the hospital and outside physicians. Patients were scheduled depending on the availability of students or assistants to administer the test battery, and the schedule of other services also evaluating the patient. The assistant consulted with physicians to determine the urgency for decision, with nurses, floor clerks, and others involved in finding a time when the patient could be tested. The assistant made frequent trips to the medical and surgical floors and other areas where patients were to be tested, to arrange for testing, to deliver or pick up self-administering tests, to test patients in their rooms, or to bring patients to special test rooms. She contacted physicians to clarify the reasons for referrals, and discussed with physicians or nurses the physical condition of the patient before determining where testing should be done. Since pressing medical and surgical decisions often awaited results of a number of patient tests, rescheduling was often necessary to meet changing priorities and frequent interruptions. The assistant herself administered part or all of a battery to one or more patients daily. Early in the project her assessment duties were primarily test administration and scoring; by the end of the project reports were drafted on most cases tested by herself, and frequently on cases where students had administered the neuropsychology battery.

Once or twice a week the assistant attended regularly or specially scheduled case conferences, or assessment meetings with the students and supervisor. Daily the assistant originated the records on which patient charges were based. When new students were on the service, the assistant taught them test administration, and went with them to assessment sessions where she was observed or observed the student. On days when patient work was caught up, the assistant participated in any of a number of activities related to data preparation or analysis for ongoing research projects.

Changes Attributable to the Presence of the Assistant

Changes in Clinical Service

The assistant as a full-time permanent person, available for assessment at all times, provided a stable backstop for the changing groups of graduate students at various stages of training. As a result of her presence, consultation requests were completed faster, an important factor if the findings were to be used in diagnostic and treatment decisions. The improved service led to an increase in the number of consultation requests. The psychologist was freed of ordinary service work and was able to devote more time to more extensive and intensive psychologist-physician communication. The assistant herself also was an important factor in the improved communications between physicians and the neuropsychology service.

Changes in Research

The psychological assistant herself participated in research in a limited way, but the main effect of her presence was to free the prototype of the assistants for more commitment to a large-scale ongoing research project; the prototype was enabled to conduct and complete several studies of her own allied to the research of the section. The supervisor himself was enabled to complete some long-delayed writing, expand his interests to new research areas, with four major projects, an increase the number of research publications.

Changes in Teaching

With the assistant orienting students and teaching testing, the supervisor was enabled to spend time on substantive issues in intern training and supervision. With the assistant to backstop service demands, it was possible to increase the number of students accepted for training on the service. The supervisor also instituted a new graduate level course.

Changes in Liaison and Consultation

The supervisor had more time for national and international professional involvement and presentation at meetings, and more time for consultation work.

Changes in Operating Efficiency

In addition to changes noted in improved clinical service, the assistant's presence improved the billing and collection of fees for services, making possible recovery of fees hitherto credited elsewhere incorrectly.

The Assistant's Transition to Permanent Status on Completion of the Program

The assistant remained on the service as a permanent employee when the training project ended. With the ending of the time set aside for Tuesday classes, her presence on the service was now uninterrupted., Six months after the project ended, the supervisor noted that "any changes in the assistant's duties and responsibilities are a function of her increased professional development rather than her change in status from employee-student-research-subject to full-time employee.

There are other assistants as well on the neuropsychology service now, some involved in clinical activities, others mainly in research. The supervisor noted that all are competent and contribute much to the general productivity of the service. His observation of the differences between assistants are that these "are more a function of individual differences, particular abilities and background than reflective of differences in training." Even on a single setting, there is lattitude for different individuals to use their individual talents in different but productive ways.

The Setting Affiliated with Pediatrics

Original Expectations

At the time the psychological assistant project was first considered, the psychologist in the setting listed the following functions he expected his assistant to perform:

"The following functions will be performed by the assistant, all under the supervision of a staff psychologist:

1. Do intellectual evaluations of retarded children referred by Inpatient Pediatrics, Outpatient Pediatrics, community physicians, schools and community agencies.

2. Assist in behavior modification treatment of retarded children and children with behavioral disturbances.

3. Do intellectual evaluations of subjects being used in pediatric research.

4. Assist the staff psychologist and intern psychologist in collecting psychological data in clinical assessment work on both Inpatient and Outpatient Pediatrics.

5. Help in data collection, processing and analysis for ongoing research projects.

6. Schedule appointments for pediatric cases in need of psychological evaluation.

7. Assist the staff psychologist on routine but necessary work such as ordering assessment, treatment and research materials, delivering reports, picking up and transporting clinical and research data, etc."

Description of the Setting

The Inpatient Pediatric service is on the seventh floor of the Teaching Hospital, with facilities for infants to adolescents. The Outpatient Pediatric Clinic is a separate section of the Outpatient Clinics on the first floor. Children were tested on the Pediatric service in the Pediatric Clinic, and also in the children's room of the Outpatient Psychiatric Clinic.

An ongoing research project required periodic trips to a city 75 miles from Gainesville, where the assessment team would spend a day or several consecutive days in the schools administering a battery of assessment measures.

The staff psychologist had an office on the ground floor and the assistant was housed in the office next door, which she shared with interns and practicum students assigned to the Pediatrics service.

Activities of the Assistant on the Pediatric Service

Administrative Activities

The assistant performed the scheduling, coordinating, liaison activities involved in assessment and treatment of children referred by the Pediatric inpatient and outpatient departments, outside pediatricians and schools. Most cases were referred for learning and school problems; a substantial proportion, however, were evaluated for behavior or family problems. She also was responsible for the ordering, safekeeping and distribution of all psychological tests and testing materials for the entire department. Administrative activities engaged 20 - 30% of the assistant's time.

Clinical Activities

The assistant evaluated children with a large variety of problems ranging from the mentally and sociologically retarded to those with school problems and mild emotional problems. She occasionally evaluated more severely disturbed children. The assistant most commonly administered the WISC, Stanford-Binet, Peabody, Bender Gestalt, Memory for Design, Aphasia Screening, Leiter, Figure Drawings, and occasionally also the WPPSI, ITPA, and Children's Apperception Test. She frequently obtained histories from parents. By the end of the program the assistant was performing intellectual evaluations of children with minimal supervision, and obtained test data on more complex cases as part of the assessment team consisting of supervisor, intern and sometimes practicum student. She drafted standardized reports on her own cases for her supervisor's approval; in more complex cases, she participated in conferences of the assessment team and at times drafted reports based on team decisions. (Had she so desired, the assistant could have learned more and tested more in personality assessment. Her interests lay in intellectual development, and the volume of work was such that her supervisor was content to assign her duties in her area of interest. (It should be noted that in a more formal graduate program, or a program without the division between the worker-student role of this project, the supervisor would have insisted the assistant learn irrespective of her interests.) Assessment activities engaged about 30 - 40% of the assistant's time.

The assistant participated in treatment, primarily through observation and data collection of children treated in an operant conditioning model. She did not function as an individual therapist but did participate with a team doing behavior therapy with children. (The low commitment to treatment for this assistant was partly a function of her low interest, but primarily because of the high commitment of her supervisor to assessment and research.) Treatment activities engaged about 5% of the assistant's time.

Research Activities

The assistant was an active participant in a project for the development and evaluation of new methods of preschool and early school education. She evaluated children from four to nine years of age, using standard and research measures. In addition, she scored research materials, reviewed literature, performed statistical computations, prepared data for the computer, proofread and edited research grant requests and research reports, helped in designing special assessment procedures. Research activities engaged widely varying amounts of time, from 15% at some periods to 85% at others.

Other Activities

The assistant gradually developed a major role in orientation of students to the service. She developed an orientation checklist of information to be given, and wrote instructions for common hospital and service procedures for patient care. With experience, she was able to assign cases to students according to the difficulty of the case and the student's level of competence. She taught administration and scoring of tests new to students, and was observed by them and observed them in their initial administration attempts. The assistant established the service as a good and comfortable place to learn. As she described it, "When I meet students, I tell them ours is the best service and no one is better than my supervisor. When they start, I break them in gently, so they stop being afraid sooner." Her supervisor's comment to the assistant and the outside evaluators was "Your initiating them into the routine and hospital procedures made them miss less than when I did it. It also gave me a chance to get to technical material more quickly. You were good for them and for me. Because the students found you were comfortable and could joke with me and tell me what you thought, they were able to be more open with me. You were a catalyst. The students weren't afraid to ask you things, and it made the training setting less formal."

As the supervisor took over the teaching of several courses during the course of the project, the assistant assembled teaching materials, ordered tests and supplies, and controlled distribution of these to students.

Time spent on activities related to graduate students varied from 10% (administrative contacts) to over 50% (early in an academic session).

Typical Week

Because of the periodic nature of research activities and student contacts, weeks varied widely. The first weeks of a trimester, the assistant remained on the service for orientation and student contact. At the time research evaluation was at its height, the student might spend 2 - 3 days a week over the course of several months in the city where research evaluations were carried out. In between, the assistant typically checked with various referral sources daily to clarify the intent of consultation requests, to determine the status of the patient and to schedule testing; these activities involved frequent telephone calls to physicians, students, patients, appointment clerks, and other hospital administrative personnel. Several times a day the assistant went to the inpatient and outpatient pediatric services to arrange for assessment, see or fetch patients, report on findings, participate in conferences, etc. During a typical week the assistant herself performed two or three assessments. Daily the assistant originated the records on which patient charges were based, and as questions arose from patients or administrative departments she traced down and resolved difficulties. One day a week, several hours were spent observing and recording treatment of a disturbed child, and one hour in working with the child as her contribution to the treatment process. At least one hour daily was spent with students planning or going over cases. Two or three times a week, sessions of an hour or more were spent with the supervisor in case discussion. Research projects took varying amounts of time, but each week the assistant was engaged in some stage of preparing for, carrying out, or evaluating research procedures.

Changes Attributable to the Presence of the Assistant

Changes in Clinical Service

Allowing for variations due to changes in assignment of students, the number of evaluations performed on the service showed a marked increase as a result of the presence of the assistant.

The increase was attributable to three factors: (1) The assistant's administrative activities freed supervisory and student time and also made more effective use of available time; (2) The assistant herself performed 2 - 3 evaluations a week. (In addition, she performed 60 research evaluations each year.) (3) Peaks and valleys of service formerly associated with vacations of students were smoothed with the assistant permanently available.

Changes in Research

The most important changes in productivity attributable to the presence of the assistant were in research. When the project began, the service had no research grants, although one had been requested and one was in process. Work on two grants was completed and two more were activated. The research program expanded 4 - 5 times in the two years of the assistant's presence on the service.

Changes in Teaching

Orientation of graduate students assigned to the service became more thorough and more systematic. The supervisor had more time to devote to students and supervisory time could be spent on more substantive issues. Students felt at home in the setting and became relaxed and open with the supervisor in less time than formerly. Supervisory time spent in course preparation could be devoted to major issues of teaching as the assistant took over the time-consuming task of preparation of materials.

Changes in Liaison and Consultation

Supervisor had more time for consultation activities. Relationships in the hospital and with referral services improved as assistant was able to coordinate schedules, communicate plans, interpret developments to different groups, and perform other liaison activities.

Changes in Operating Efficiency

Patient and research subject appointments were more efficiently scheduled, use of staff and student time improved, patient fees were more systematically charged and credited. Control over psychological tests used by the entire department and by students in testing courses improved; orders were coordinated; occasions descreased when supply of needed tests was exhausted.

Situation on Completion of the Project

When the project ended, the assistant decided to return to graduate school. Arrangements were made for her to work on the service part-time as a graduate assistant. The assistant from another service, whose primary interest was work with children, transferred to the Pediatric Service, to work full-time. The supervisor at the beginning defined the tasks to be performed, and the new assistant took over the administrative, assessment and research activities of the former assistant, who, as a part-time worker, now is concerned primarily with assessment and research. The new assistant had been loaned to the Pediatric service for research testing during the course of the project, so was already familiar with some activities when transferred. In the six months since then, she has broadened and deepened her knowledge of the service; she has continued and expanded improvements in operations made by the original assistant, and because of her interests in personality assessment is becoming more involved with these aspects of testing than her predecessor.

The Setting Affiliated with Obstetrics and Gynecology

Original Expectations

At the time the psychological assistant project was first considered, the psychologist in the setting listed the following functions she expected her assistant to perform:

Review medical charts for patients with characteristics needed for various studies.

Participate in research reviews, assembling research materials, administering research procedures to various patient populations. Assist in scoring, data analysis. Coordinate and schedule data collection.

Provide emotional support for pregnant patients, new mothers, and gynecology patients.

Familiarize herself with the staff, student and patient populations of the service. Make behavioral observations and collect interview and attitude data from different groups.

Maintain research files, review abstracts, send for reprints, index professional library.

Description of the Setting

The setting of the Obstetrics and Gynecology service included (a) The in-patient service on the third floor of the Teaching Hospital, comprising the delivery suite, newborn and intensive care nurseries, postpartum unit, and gynecology service; (b) the prenatal-postpartum clinics and the gynecology and tumor clinics, held in the Outpatient Clinic of the Health Center; and (c) county clinics, primarily for obstetric care and family planning, in a seventy-mile radius from the university.

The patient population included many "high-risk" indigent patients from north central Florida's rural areas, covered for care under a federal-state program of maternity and infant care. Gynecological patients, clinic and private, represented a broad range of problems referred for diagnosis and treatment from other parts of the state.

At the beginning of the program, the setting was just beginning to be developed for teaching purposes, and through the program there was no continuity in assigning students; therefore, no formal clinical service was developed. Because the setting is not typical for psychologists, the supervisor often released her assistant to other settings for training and experience, with the result that the assistant's off-service time was greater than that of other assistants. The supervisor was coordinator of the psychological assistant program, an activity that diverted her full attention from the Obstetrics and Gynecology setting during the two years of the project. She made every effort to keep roles clear, and in only rare cases was the assistant involved as an assistant to the supervisor in her capacity of coordinator.

The supervisor had an office on the ground floor of the Health Center. The assistant was housed in an office across the hall which she shared with the secretary funded by this contract, and students as assigned. The library and bulletin board for the assistants were in this office, and it was the informal gathering place for the assistants. Late in the project two or three part-time clerks also worked in the office.

Activities of the Assistant on the Obstetrics and Gynecology Service

The character of the assistant's activities changed markedly as the project progressed. Like the assistant assigned to Inpatient Psychiatry, this assistant spent much time in direct patient contact early in her training, and progressively less time with patients as the project progressed and she became more involved with research and consultative projects. One reason for the change in the assistant's duties was that at about the time the assistant project began, the supervisor had decided that, although the need for psychological intervention in patient care was great, it would be unlikely, in view of the manpower shortages in the mental health professions, that there should be psychologists and psychiatrists regularly assigned to Obstetrics and Gynecology services. The supervisor therefore disengaged from service, except as required to provide material for teaching, and turned her attention to teaching physicians and nurses.

Administrative Activities

The assistant supervised the secretary and clerks assigned to the setting. She scheduled patients formally seen by supervisor and members of the service for assessment and treatment; initiated charges and followed up problems in billing. She acted as liaison, scheduler, communicator, interpreter between her supervisor, members of the Obstetrics and Gynecology staff, other investigators in three research projects in which supervisor was co-investigator, and members of local child-care groups, welfare agencies, public health agencies, etc.

These activities occuped 15 - 25% of the assistant's time.

Clinical Activities

Early in the project the assistant spent most of her time on the obstetric service and in prenatal clinics. Little by little nurses and residents asked her to talk with patients, in addition to the contacts she initiated or was assigned by her supervisor. Interviews covered such topics as reactions to hospitalization, experiences of pregnancy, labor, and delivery, fears of surgery, communications problems with medical staff, etc. With experience, she took a more active role, seeing patients who presented management problems to doctors or nurses, patients undergoing difficult pregnancies, etc. Although most patient contacts were limited to a few sessions, several cases were followed over a number of months, providing an ongoing relationship as the patient moved back and forth between inpatient and outpatient settings.

On occasion the assistant administered standard psychological tests, and she developed with the nurses an informal interview about infant care which was used in assessing the competence of new mothers to care for the child.

The assistant was seen as a helpful, responsible person on the service, and patients welcomed her coming, referring other patients to her for discussion of problems. For months after her research activities curtailed her presence on the hospital service, nurses and residents meeting her elsewhere in the hospital commented on her absence and asked when she would return.

The assistant felt that her ready introduction into the role of supportive counseling was easier because she was a mother and was accustomed to carrying out similar supportive activities with her friends and neighbors. The supervisor, comparing the assistant with volunteers given such roles earlier, felt that the assistant succeeded because she was calm, quiet, non-threatening, and projected ready warmth and composure. She did not, as previous volunteers had done, overwhelm patients with descriptions of her own childbearing and child-rearing experiences, although she drew on these from time to time in a helpful way.

These activities are described in some detail, as indicative of a helpful and supportive role which non-professionals carefully selected can play on an Obstetrics and Gynecology service. There are theoretical reasons to continue exploration of this role, since research in crisis intervention suggest that women during pregnancy and the puerperium are more open to intervention, and this may be a critical period when exposure to a warm mothering person can be particularly therapeutic. The assistant proved valuable also in having the time to listen to the patient, and the ability to interpret the patient's difficulties in terms physicians or nurses could then deal with constructively.

The assistant herself commented later that, coming back to work after many years away, this initial assignment was helpful to her, as she could use knowledge of mothering and become adequate in a short time, gaining confidence which carried her over in learning other material which was, for her, more difficult and less immediately rewarding. Similar assignments could be useful in other manpower programs in which mature women long away are reentering the labor force.

We assume a similar role could readily be developed on a pediatric service also. In our project, the assistant on pediatrics was young, had no children, and did not have the kind of interest that would lead her into supportive contacts with parents.

Early in the project, clinical activities occupied 40 - 60% of the assistant's time. As her engagement in research increased, these decreased to 10 - 20%.

Research Activities

The assistant participated actively in literature reviews, scheduling and testing patients, and developing test materials for three projects. In the second year of the program, she made it possible to assemble an extensive battery of tests for women (feminity measures, pregnancy tests, parent attitude tests, etc.), by reviewing the research and manuals, arranging for printing of tests, questionnaires, and answer sheets, setting up scoring procedures, keys, normative data, and summary records. She established schedules for various test procedures, arranged for materials to be administered, and herself administered the WAIS, TAT, Bender Gestalt, Rorschach, Drawings, and Incomplete Sentences. The assistant scored some measures and taught student assistants to score others, supervising their work. For a group of pregnant women studied over a period of pregnancy, the assistant was seen as a welcomed visitor as well as a researcher.

In one project the assistant was the major liaison between the supervisor and the team of the other investigator, making sure that materials reached the other group, training the group in their use, and ironing out difficulties as they arose.

In the development of the research, the assistant was a thoughtful and creative partner, and a number of innovations were incorporated as a result of her suggestions and perspective on the psychology of motherhood.

In addition to research activities on her own service, the assistant participated in the testing of children required by the research program on the Pediatrics service.

Early in the project research activities occupied 5 - 10% of the assistant's time. By the end, research consumed 60 - 70% of her time.

Other Activities

The assistant oriented new students and new secretarial and clerical help on the service. She worked with student nurses coming to the supervisor for help on various projects.

She attended meetings of community groups, parent groups, and an interdisciplinary study group, at first as an assistant-observer, later as an active participant. From time to time she set up meetings, made reservations, arranged programs, acting for the supervisor and accepted as a responsible group member. The parent groups asked her to speak and one of the groups asked her to be their "consultant." She attended meetings of these groups and other meetings from time to time when the supervisor could not attend, reporting back on content or significant developments.

These activities occupied 5 - 15% of the assistant's time.

Typical Week

There was no typical week. In general, the assistant spent several hours a day with obstetric patients, the time diminishing in the second year as research duties increased. Two or three meetings or conferences were attended each week, with or representing the supervisor. There were frequent trips away from the Health Center, to visit a county clinic, to test a research subject, to consult with other members of multidisciplinary research teams, to sit in on meetings of community agencies or mother's groups. Within the center, there were daily trips to the Clinical Research Center, the Obstetrics Service, the Outpatient Clinic, the Library, for checking on developments with patients and to work on research problems. Time in the setting was spent working on background material for tests, working out questionnaires, answer sheets, keys, normative data, and supervising others in preparation of research materials following the master schedules she had prepared.

Tuesdays were spent in training as part of the formal aspects of the program. The assistant on other days attended Psychiatry Grand Rounds, Child Psychiatry conferences, and observed assessment and treatment conducted on other services, to broaden her training.

Changes Attributable to the Presence of the Assistant

Changes in Clinical Service

During the project, the supervisor was de-emphasizing clinical service for reasons noted above. The presence of the assistant made it possible to provide psychological support to a number of women, including several seen for an extended period. Occasional assessments of intellectual ability were made of patients with whom physicians were having communication problems or where there was doubt about ability to care for a child.

Changes in Research

As a result of the presence of the assistant, data were collected on three research projects. A major contribution of the assistant was the assembling and organization of an extensive research battery for use in various projected studies of women. The project ended before data analysis was completed, but the assistant was instrumental in making it possible to have many measures administered and scored in preparation for the next stages of the research.

Changes in Teaching

During the course of the project the supervisor assumed lecture assignments to nursing students, medical students, and outside agencies. In part these assignments were made possible because of the time freed by the assistant's presence. More importantly, the attendance by the assistant provided valuable feedback to the supervisor regarding reaction to material presented to various audiences.

Changes in Liaison and Consultation

The active participation by the assistant in advisory, study or action groups developed during the two years of this project was invaluable to the supervisor. The assistant not only provided valuable feedback on the groups, but could with minimal instructions carry out activities in the interest of a group, saving substantial time of the supervisor and facilitating the smooth functioning of group activities. The assistant's awareness of all facets of the supervisor's professional activities made it possible for her to screen intelligently many requests coming to the service, preparing the way for the supervisor's acceptance or refusal, suggesting alternatives, improving understanding and saving time for all concerned.

Changes in Operating Efficiency

The assistant organized the space and equipment of the service more efficiently, and set up procedures for secretarial and student help to facilitate rapid learning and to increasing accuracy.

During the project, four offices housing assistants were redesigned; this assistant worked out plans and designs with carpenters, obtained preliminary estimates for costs, fuurniture, and equipment in order that the department head could have a basis for deciding priorities.

Patient and research subject appointments were scheduled more efficiently and with better management of fee charges and payments.

Loss of the Assistant on Completion of the Program

At the end of the project, the assistant was transferred to the Pediatric Service. For several months, one of the research contracts paid student assistants to continue data collection and scoring of tests on one project. At present, research activities have been discontinued until the supervisor finds free time to resume them. Administrative activities have been resumed by the supervisor, at a much less efficient level. Other commitments to the child study groups and the interdisciplinary study group have been curtailed as a result of the loss of time freed during the assistant's presence. The major effect is in the delay and postponement of activities that would have been done promptly by the assistant, and the failure to initiate new activities because of lack of manpower to carry them through.

Six months later, there are innumerable times a day when the supervisor turns to the assistant, only to realize that there is no one there; the unavailability of the assistant causes constraints or delays, and frustration of work undone.

The Community Psychology Setting

Original Expectations

At the time the psychological assistant program was first considered, the psychologist in the setting described his plans for an assistant as follows:

"The community psychology program involves two essential types of professional activities: (1) Mental health consultation to agencies and individual care-givers who maintain the primary responsibility for patient management; and (2) mental health program development and evaluation, including consultation and research.

"At present, and for the forseeable future, the consultation activities are focused primarily in the school system and health department of Putnam County and the juvenile court of Alachua County. The program development activities are directed toward the establishment of suicide prevention centers throughout the state. Currently such programs exist in three communities and new programs are planned for three others.

"The psychological assistant would participate in both these areas. Because it is necessary for the success of a consultation program that provision be made for some direct clinical service, the assistant would be trained to function in both assessment and treatment. The latter would involve short-term, directive, situation-focused problem solving with the consultee's clients. This would generally be with children, but might also involve parents, teachers, ministers, and other significant individuals. The assessment duties would include both intellectual and personality evaluations of children having difficulty in school, or those under the supervision of the juvenile court. The assistant would perform these examinations, analyze the data and prepare a written report to the referring consultee and/or the client, all under the supervision of the staff psychologist. The assistant would work with Juvenile Court probationers both as individuals and in groups. The goal of this activity is to explore ways of developing a personal resource to provide direct care and attention to the emotional needs of problem children in addition to that which is routinely provided by professional juvenile counselors or Boys' Clubs.

"In the area of mental health programming, the assistant would be trained to function primarily as an observer, a recorder, and an analyst of group process. In many instances it might be possible for the assistant actually to represent the psychologist at organizational meetings of planning groups. But in every case the assistant would be expected to develop sensitivity and skill at listening with a 'third ear' for the dynamics at work with the session. This information would then be available to the staff psychologist on a more objective basis to be utilized in making action recommendations, or in structuring future meetings with the same group."

Description of the Setting

The community setting went through a major transition during the training of the psychological assistants, and the role and value of the assistant was highly related to this transition. In the first place, the internship training in community psychology was in a state of flux until the last year. During the first year of the assistant training, there were 18 interns, each having some training obligation in the community consultation service. This meant that there was a great need for coordination and communication between the supervisor and the interns, and this was accomplished by the assistant. Secondly, there was no continuity for any intern in the community agency, because he would visit only once per month, and there would be several others there between his visits. For the consultee as well this was a great burden; the psychological assistant was the only other person besides the supervisor who could lend continuity and consistency to the consultee. Her role was very valuable here. The second year saw greater consistency within the service as there was one intern, full time on the service, who made and maintained his own personal relationships with the consultees. He functioned as closely with the consultees as the assistant did prior to her termination. This made it less necessary to have an assistant in the consultation service.

During the course of the program, the service took on two major research projects, requiring visiting to agencies throughout the state by the supervisor or the assistant.

The community psychology service includes (1) Community consultation in many types of agencies; (2) Psychological examinations; (3) Individual and family therapy; (4) Program evaluation research, and (5) Teaching seminars for graduate students.

The Community psychology service occupied two offices in a trailer adjacent to the Outpatient Clinics of the Health Center. The assistant's office was next to that of the supervisor, and was shared with a full-time secretary and any graduate students assigned to the service.

Travel to various consultation activities outside the area was generally with the supervisor or an intern. In local assignments the assistant might go alone or with other members of the consultation team, depending on the assignment.

Activities of the Assistant on the Community Psychology Service

At the end of the project, the supervisor characterized the scope of an assistant's activities, and his philosophy about the assistant's job, as follows:

"The assistant's job description as I have always perceived it is to be an extension of the psychologist. Her job is to do everything that I can teach her to do instead of my having to do it. That does not mean secretarial work, since I wouldn't do that anyway. It does not mean punch a calculator and compute statistical tests, since I wouldn't do that anyway. It means go, when I can't go; it means make telephone calls, or dictate letters, and say what I would say; it means teach a class with the same authority and confidence over the content that I would have. All of these things the assistant did before she terminated; she did not know how to do most of it when she came on the service in all areas, she learned much of it while she was there. This is the value of the apprenticeship type of training."

In evaluating the activities of the assistant, the philosophy of the supervisor should be kept in mind. A further important factor is that the assistant assigned to Community Psychology had previous experience in suicide prevention, and was an established figure in her own right. Her participation in teaching and active involvement in consultation in suicide prevention is attributable more to her expertise before entering the program. The duties she came to assume in the broader areas of community consultation reflect knowledge acquired as an assistant.

Administrative Activities

The assistant performed a variety of scheduling and planning activities in connection with consultation activities, including conferring with consultees about cases to be presented, assembling materials needed for consultation visits, corresponding about details of visits, before or subsequent to the event, etc.

For a Regional Workshop held by the service in 1967, the assistant coordinated the details from initial invitation to final report, coordinating activities of the secretary, research assistant, and other psychological assistants borrowed for the occasion. She completely arranged invitations, program, hotel accommodations, meeting facilities, etc.

The assistant was responsible for coordination and communication of consultation visits with interns being trained on community consultation, particularly during a period when all interns were exposed to the service irrespective of the setting of their formal assignment.

Administrative activities occupied 10 - 20% of the assistant's time.

Clinical Activities

The presence of the assistant made it possible to perform psychological examinations as part of the consultation. (The supervisor feels that assessment is an inappropriate activity to assign to interns whose learning should be directed toward consultation skills.) In the main the assistant's cases involved intellectual assessment of children (WISC, Stanford-Binet, Peabody); self-administering personality measures (MMPI, CPI, Self-Concept scales) were given and scored; occasionally, projective tests (TAT or CAT, Rorschach, Drawings) were administered, for interpretation by the supervisor. Since testing was a peripheral function as the assistant's consultant duties developed, she did not develop skills in interpretation and report-writing, but did learn to draft preliminary reports for completion by the supervisor.

The assistant's involvement in treatment was more for her training than to provide clinical service. During the program she worked for a time as co-therapist in several groups, as a member of a behavior modification team, and as a member of a team doing concurrent therapy with different members of the same family.

The assistant's training included understanding of group process, and her major clinical" involvement was as a participant-observer in a variety of consultation activities with schools, the court, mental health clinics and suicide prevention centers.

Clinical activities occupied 30 - 50% of the assistant's time, the major part being devoted to consultation, and about 10% to assessment and treatment.

Research Activities

The assistant abstracted research literature, and conducted some interviews to elicit data about community programs under study.

Research activities engaged 5 - 15% of the assistant's time.

Other Activities

The assistant reviewed the literature, prepared teaching materials, cooperated in preparation of the syllabus, and gave some lectures in a graduate seminar on Suicidology. She also worked with an intern in teaching the administration of the Stanford-Binet to guidance personnel as part of the consultation contract with the Putnam County schools.

The assistant reviewed papers, reports, letters, grant requests and other writings of supervisor, making suggestions to improve clarity, strategy, public relations, etc.

The assistant oriented new graduate students to the service, giving them information about the expectations of the supervisor, the section's procedures, location of materials, and background of various consultation settings and the persons concerned with each.

These activities took 25 - 40% of the assistant's time.

Typical Week

Monday--Mornings used to clear up details from consultation vist to Putnam county the previous Friday (telephone calls, letters, finding material requested by consultees, etc.).

Checked with interns regarding their participation in week's consultations and activities. Prepared materials for talks to be given during the week (on suicide prevention; frequent in first year of program). Located materials needed for week's suicide consultation.

Monday afternoon traveled to nearby city with team involved in establishing suicide prevention center.

Tuesday--Psychological Assistant training classes during the day. Traveled to nearby city for consultation in evening.

Wednesday--Morning spent in testing, scheduled supervision of therapy case, and reading materials on consultation.

In the afternoon, activities depended on upcoming consultations or training sessions. Saw patient in concurrent family therapy.

Thursday--Morning spent at Juvenile Court in consultation with court personnel. Afternoon varied, as with Wednesday. For a period assistant and an intern saw a family together. Attended the seminar given for interns on community consultation.

Friday--Entire day spent in consultation in Putname County with meetings scheduled with Mental Health Worker, Public Health nurses, schools, and clergy.

Changes Attributable to the Presence of the Assistant

The assistant remained on the Community service from September, 1966, to December 31, 1967, at which time she was reassigned to a different setting. The changes below reflect, therefore, a shorter period of time than those described for the other assistants.

Changes in Clinical Service

The major change in clinical service was the ability to add psychological assessment to the activities of the Community Psychology Service.

Changes in Research

Time freed by the presence of the assistant made it possible for the supervisor to initiate two research programs, and to complete writitng on earlier projects. The assistant herself contributed to research productivity through her activities in abstracting articles, maintaining research files, assembling research materials, and editing.

Changes in Teaching

The presence of the assistant freed time which the supervisor was able to devote to supervision of graduate students.

A new graduate seminar was developed, as a result of time freed by the assistant, and of the assistant's active participation in reviewing the literature and assembling teaching materials.

Teaching related to consultation (i.e. of school personnel) was expanded with the participation of the assistant and graduate students.

Changes in Liaison and Consultation

The availability of the assistant to contact consultees and prepare the agenda before consultation visits improved the use of the participants' time.

The availability of the assistant on the service, knowledgeable about its activities, made it possible for the supervisor to accept more consultation assignments away from the university community.

The presence of the assistant, known to present consultees, made it possible to capitalize on unexpected events by placing an informed and accepted observer in the setting.

The presence of the assistant provided continuity for graduate students participating in consultations; this was especially important when the supervisor was traveling and unable to be present.

Changes in Operating Efficiency

The operating efficiency to which the assistant most contributed was in connection with the development of a Regional Workshop in September, 1967. Described in an earlier section, the workshop would not have been run so effectively without the coordination of the assistant.

Loss of the Assistant and Current Situation

The assistant was transferred from the setting after 15 months, and was not replaced by a new assistant for 6 months thereafter. Seven months after the new assistant began, the supervisor evaluated what the change had meant.

Initially the change meant one less person to supervise, and freed time formerly assigned to supervision and teaching of the assistant in her student role. After a few weeks, the work the assistant had been doing began to pile up, and the pressure of tasks undone became evident. Two major areas where the loss was keenly felt were (a) research activities of the suicide prevention program and community activities; (b) the unavailability of the assistant during a statewide teachers' strike, when the supervisor wished to collect observational data on how a school handles an internal crisis under external pressure. The supervisor found it took several months to readjust his work habits to get by with what he himself could do.

The new assistant was employed primarily to collect research data in involving travel to many parts of the state. She has done well, "primarily because of interest, willingness to team, native intelligence and congeniality." As the new assistant is a full-time employee, not a member of a training program, the supervisor does not feel the pressure he felt during the research project to teach material not immediately relevant to the operation, and to free assistant time for experiences off the service. As a result of the activities of the new assistant, the supervisor has been able to limit his own travel, and to be more available for nearby consultation and intern training.

The Setting Affiliated with the Student Health Center

Introduction

On January 1, 1968, arrangements were made to transfer an assistant from the Community Psychology service to the Mental Health Division of the Student Health Service, located on the campus of the University some blocks away from the Health Center. The assistant was assigned to work primarily with a clinical psychologist engaged in a research project relating to the effects of college marriage. The assistant also worked with a psychiatrist interested in setting up a "Befrienders Program" in which students befriend other students who need a friend. It was the opportunity to apply skills in community psychology to this project that prompted the request of the assistant and her original supervisor for the transfer.

Description of the Setting

The staff of the setting include psychiatrists, psychologists, social workers, psychiatric nurses, and students of these professions in training. In addition to direct service to students, the staff offer consultation to others involved in student personnel matters (residence hall counselors, members of the Deans' staffs, etc.). The supervisor of the assistant had primarily research and consultative roles and was not engaged in service to students themselves.

The assistant remained in this setting for 6 months until the project ended, and continued for some months after that time working with the college marriage project.

Activities of the Assistant at the Student Health Center

Administrative Activities

The assistant carried no major administrative activities in this setting.

Clinical Activities

The assistant, as part of her training, conducted intake interviews with students bringing their problems to the Mental Health Division, under the supervision of the Intake Social Worker. Also as part of her training she sat in as student co-therapist with a clinical psychologist and psychology intern in a weekly group therapy session with students. These clinical activities ended when in June, 1968, with the end of the project, the assistant became a full-time employee.

Research Activities

These comprised the major function of the assistant. The assistant reviewed abstracts for all research on college marriage, ordered reprints, masters theses and doctoral dissertations, and abstracted all research following a specified format covering relevant variables. These activities took about 65% of the assistant's time, and were solely the responsibility of the assistant under guidance from her supervisor.

In preparation for developing an instrument to study campus marriage, the assistant set up group interviews with college wives, searching out students who would participate, arranging for meeting with her and the supervisor, and summarizing data from the pilot interviews.

Occasionally the assistant prepared data for computer analysis and prepared charts from computer output.

Other Activities

The assistant worked under general guidance of a psychiatrist in developing the Befriender's Program. Duties involved interviewing, screening and assigning students who wished to participate in the program; familiarizing other professionals on campus about the goals and operation of the program; meeting with the psychiatrist, the president of the Befrienders and group members for planning and case discussion.

Typical Week

Monday— 8:30 - 10:30 Participated in staff conference
10:30 - 4:00 Abstracting and other research activities
4:00 - 5:30 Group therapy

Tuesday—Psychological Assistant Training Day

Wednesday—Abstracting and research activities
Arranging for Befriender meetings
Arranging for college wife groups

Thursday—Same as Wednesday

Friday—Interviewed students as part of Intake procedure at Mental Health Clinic under supervision of social worker.

Changes Attributable to Presence of the Assistant

Changes in Clinical Service

The assistant's work in helping establish the Befrienders Program made possible an additional resource for helping students.

Changes in Research

The assistant's work in assembling and reviewing literature on college marriage brought together in usable form data necessary for planning a large-scale study in college marriage.

The assistant's work in bringing together college wives facilitated the pilot work in developing instruments for the college marriage study.

Status on Completion of the Program

The assistant remained on the service, devoting her entire time to the college marriage project, until the literature review she had begun could be completed, and the pilot work with wives was over.

Summary of Tasks of Assistants

Introduction

The following summary is based on the reports prepared by the assistants and their supervisors, the notes of the coordinator, and the data obtained six months after the end of the program by Joan Brill, a Hospital Administration student who evaluated the project. In reviewing these materials for periods at various stages in the project, the coordinator noticed that her notes contained many references to tasks which assistants or supervisors did not think to mention in formal written reports. Some tasks were, in fact, performed by most assistants, but mentioned by only one or two. High positive or negative affect about the task seemed to increase the probability of mention.

One of the growing concerns of those who are considering various types of non-professional manpower is the question of the levels of skills and tasks. As training programs proliferate, and various kinds of aides, assistants, technicians, technologists, and others come onto the scene, many are feeling the need for some system of classification that will make it possible to establish positions in some logical hierarchy of skills or responsibilities. With these questions in mind, the composite picture of tasks performed by one or more of the assistants is presented in groups, from low to high skill within each group. It should be understood that these groupings are rough rather than precise, and are based on judgment, not fine statistical analysis. The main variables considered were the earlyness or lateness of learning (early activities being assumed to be somewhat easier), and the assessment of the coordinator using her past experience in administration of job evaluation programs. The gradations, therefore, are presented only as a beginning for other investigators who will be assessing tasks more precisely.

One other caveat is in order. Logic would decree that one might be able to arrange tasks in a number of levels, three perhaps, and then establish separate jobs at each of the three levels. In this ideal condition, each person would be working at or near his highest level. In the real world, however, professionals and their assistants perform activities along a wide range of difficulty. During this project the psychologists delegated many time-consuming activities to their assistants, and yet kept many "routine" tasks, for various reasons. (In fact, psychologists, at times found themselves feeling guilty at delegating tasks they did not like to assistants who disliked them also, and gave their assistants more interesting work while they kept the routine for themselves!) We suggest, therefore, that, while it will be useful to define several levels of psychological activities, and while availability of persons trained to perform at these levels would lead to more effective manpower use, still there will remain a fairly wide range of levels within any given position, professional and non-professional.

In the following presentation, tasks have been roughly grouped into three levels. Further studies will surely refine these. Some overlap is inevitable, and is included deliberately for clarity. We have not attempted to include all the activities an assistant might possibly do, or has done in other settings. We have restricted our list to activities performed by at least one of the seven assistants, in our setting. The number of assistants performing at a level is given; if the number performing any of the individual duties at a level differs, the N is given with the duty.

Administrative Tasks

Patient Care (See also Clinical Tasks)

Level I (N = 7 in year 1, N = 4 in year 2)
- Prepare appointment slips.
- Prepare reminders of the appointments for those concerned.
- Arrange for rooms.
- Assemble case records and maintain patient files.
- Initiate daily record for patient charges.
- Assemble test materials used in standard test battery, to save time of tester.

Level II (N = 7 except where indicated)
- Make arrangements for patient appointments through personal or telephone contacts with patients, referring physicians, administrative personnel, students assigned to see patient.
    - Work out schedule conflicts.
- Talk with other professionals involved in a case to be seen.
    - Assemble all pertinent background data, issues, past records, so that supervisor may have all data at hand to review case and determine involvement of psychology.
- Raise questions when standard charge may be inappropriate.
    - Answer patient's questions about bills and charges.
    - Review monthly computer printout of patient charges and credits for accuracy.
    - Clear up incorrect billings and credits with appropriate hospital administrative departments. (N = 7 in year 1, N = 5 in year 2)
- Assemble test materials needed for assessment, including standard battery and additional specialized tests for specific assessment problems.
- Watch schedules and remind supervisor and students of deadlines , of referring conditions, when reports are needed. Alert supervisor to delays which will cause problems.

Level III (N = 7 except where indicated)
- Assign cases to graduate students in consideration of nature of the case, level of experience of the student, and learning experiences to which the supervisor wishes student exposed. (N = 6)
- Discuss with referring physicians the reasons for referral, capabilities and limitations of psychological assessment in a given case.

Tasks Related to Operating Efficiency of the Service

Level I (N = 7 except where indicated)

Run errands in the medical center, on campus, and in the community.

Accompany patients to and from areas where they will be seen.

Type correspondence and reports. (N = 3) (Done rarely, mostly when secretaries overloaded, or when deadline was pressing.)

Obtain photocopies of needed materials. (N = 4)

Order office supplies and equipment. Call repair men. (N = 4)

Maintain an inventory of equipment on the service (test kits, recorders, tapes, videotapes, event recorders, stopwatches, etc.). Sign equipment in and out to students.

Schedule meetings, classes, seminars. Notify participants, arrange for room, coffee, equipment needed.

In general, know the medical, nursing and administrative personnel of the setting; know the rules and procedures; work with others involved to improve efficiency, communications, to correct errors, to cut red tape, to maintain goodwill.

Level II (N = 7 except where indicated)

Check out test kits, recorders, other equipment before use to make sure they are complete, in good working order, or otherwise ready for use. (N = 6)

Operate equipment at meetings, seminars, observation sessions (two assistants regularly operated videotape equipment; others from time to time ran film or slide projectors, tape recorders, etc.; all were exposed to use of event recorder; only two operated event recorder regularly.) (N = 4)

Set up and run a control system to insure supply of psychological tests and appropriate safe-keeping and confidentiality of test materials.

Arrange workshops, conferences, involving housing, printed programs, invited guests, accounting for fees and honoraria, etc. (N = 1)

Accompany supervisor to classes, meetings, and other activities to assist as needed; to be an observer.

In general, know persons on setting and outside setting concerned with supervisor's activities. Work out misunderstandings, schedule conflicts, problems relating to rules; institute new procedures within the service to improve efficiency, to build goodwill.

Level III (N = 7 except where indicated)

Operate equipment as in Level II; be able to make minor repairs, to correct breakdowns. (N = 2)

Edit, analyze, record data from tapes, videotapes. (N = 2)

Accompany supervisor to classes, meetings, other activities, as a participant-observer. At this level the assistant is seen as a member of the group in her own right, with her own contributions to make. Typical roles were as an executive secretary for the group; or as an observer giving another viewpoint on the subject under discussion. (N = 5)

Coordinate the activities of clerical and secretarial personnel assigned to or working for the service; assist in selection; train, supervise, assign work. (N = 3)

In general, know details of supervisor's clinical, research, teaching, and other professional activities and interests; know personnel, plans, schedules, priorities. Use this knowledge to interpret supervisor in his absence, to handle time-consuming details; to attend meetings and speak for the supervisor. Keep informed of activities of personnel on the service and of other areas of the supervisor's interest; alert supervisor to issues or problems requiring his attention.

To close this description of the administrative duties performed by the assistant, we quote from the progress report written when the assistants had been working only three months.

"'Organizing' the staff

"Three variables apply to activities of the assistants in 'organizing' the staff: (a) priority given these activities by the staff member, (b) initiative shown by the assistant, (c) extent to which the service had a smoothly-operating system before the advent of the assistant program. Two staff members described the initiative taken by assistants in reviewing the staff person's activities and in categorizing and organizing research materials, reprints, etc. Several others indicated a wish for their assistants to undertake similar projects.

"In recruiting assistants this function was described as important, and all assistants still see 'getting the staff organized' as a major responsibility. In their group meetings there are discussions of how they meet the challenge, the fine line between interfering and helping, how to meet active resistance to their plans for structure, how to know when they are being 'compulsive' and when 'competent,' problems of timing, etc. Although these problems are occasionally discussed with the coordinator, they are mainly dealt with either by discussion with other assistants, or by direct confrontation with the staff.

"Do the staff find themselves more productive as a result of the assistants' presence? Two said they had found time for writing that had been long delayed. Five mentioned immediate plans for new programs which would have been deferred without the presence of the assistants. Several of the staff said they expected the effect of the assistants would be on their 'effectiveness' more than their 'productivity' (in the words of the contract). 'Probably I would do these studies anyway, but because of the assistant they will be easier and smoother' said one; 'sooner and better' said another. Several others expressed pleasure at 'getting more organized' and foresaw more time for teaching and research."

Clinical Tasks - Assessment

Test Administration

Level I (N = 7)
Orient patient to the setting; introduce to student and supervisor.
Explain where to come for appointments, use of "routing slip," etc.
Conduct patient to and from test area.
Delivery, give instructions for, and collect self-administering tests (such as MMPI, various questionnaires and scales).

Level II (N = 7 except where indicated)
Establish and maintain rapport with patient.
Administer tests requiring knowledge of standardized instructions (such as the WAIS, WISC, Stanford-Binet; reading tests; memory tests; formboards, etc.).
Administer a standard battery of tests (such as the neuropsychology battery). (N = 4)
Administer projective tests in a straightforward manner, without extensive inquiry or probing (e.g. TAT, drawings, sentence completion, Rorschach).

Level III (N = 4 except where indicated)
Administer Level II tests to difficult subjects (seriously ill, seriously disturbed, unmanageable children, etc.).
Modify the battery during testing to clarify questions raised by test results.
Administer projective tests with appropriate inquiry (TAT, sentence completion learned first; drawings next; Rorschach last if at all). (N = 3)

Test Scoring

Level I (N = 7)
Score tests using keys or standard scoring rules (e.g. MMPI, questionnaires, inventories).
Plot scores on profiles or record on summary sheets.

Level II (N = 7)
Score tests following rules requiring interpretation of or matching to objective standards (i.e. intelligence tests, Bender-Gestalt, drawings used for IQ level, sorting tests, etc.

Level III (N = 7)
Score tests by categorizing or judging responses (e.g. sentence completions, TAT themes).

Test Interpretation

Level I (N = 7

Translate test scores into classification, percentile, or other descriptive term using manuals, tables, profiles (i.e., intelligence level, presence or absence of evidence of brain dysfunction, etc.)

Level II (N = 7)

"Cookbook" interpretation, especially of personality scales (MMPI, 16-PF, CPI etc.) as much as a computer printout would give. At about one year, assistants who administered many tests developed personal norms giving meaning to common profiles encountered in the population they commonly tested.

Interpretation of configuration of scores (such as WAIS profile, neuropsychology battery).

Level III (N = 3)

Interpretation involving inferences and integration from different types of test, test behavior, and case history.

Interpretation involving inferences about personality, behavior.

(Only three assistants with extensive test experience were approaching this level at the end of the program. Their interpretation skill was more focused than that of graduate students, because of their work with a more limited population.)

Report Writing

Level I (N = 7)

Write section on observation of behavior during testing session.

Write section on reason for referral, background of request.

Write test findings in evaluation of intellectual performance.

(One assistant with training in English and a gift for writing wrote full interpretative reports early in her training, before she had begun to administer psychological tests. The reports were based on discussions of the assistant, supervisor, and intern; the interpretations were those of the supervisor, the mode of expression was the assistant's.)

Level II (N = 6)

Write "technical reports" (called "lab report" by one supervisor, an analog to x-ray, EEG, etc.) such as requests for intellectual level, vocational aptitudes. These reports typically were based on a standard battery and findings were presented in a standard format. Recommendations or inferences followed from the data with little interpretation.

Level III (N = 1)

Write "consultation reports" involving difficult predictions, personality descriptions, treatment modes, etc. One assistant was reaching this level at the end of the project. Typically, assistants wrote (N = 4) such reports after discussing test findings with the supervisor, or drafted reports with their "guesses and rewrote them after supervisory conferences.

Note: As with other students, increasing competency of the assistants was shown by willingness to go farther in drafting reports before discussion with the supervisor, and fewer reports needed to be completely rewritten following such discussions. Needless to say, all reports were approved and countersigned by the psychologist.

Communication of Test Results

Level I (N = 7)

Make sure the report is completed in time for the consultee's deadline. Refer questions of the consultee before preparation of the report to the psychologist.

Level II (N = 7)

After meeting with supervisor, relay essentials of test findings to consulting physician, if report is delayed.

Level III (N = 3)

Discuss likely test findings after testing but before scoring and discussion with supervisor. (The tentative nature of findings pending a full workup was stressed.)

In the absence of the supervisor, report test findings at case conferences, discuss with consultee, or occasionally with patient or family. (Note: Some assistants at the end of training were able to do this well, but situations occurred also where assistants did not know how to handle questions beyond their competence. Many of the staff now feel the assistants should not go beyond Level II in communicating results of assessment procedures.)

Interviews

Level I (N = 7)

Aside from test administration, contact with patient is limited to orientation, amenities, and maintaining rapport.

Level II (N = 6)

Interview patient or family to obtain data on background and reason for assessment.

Obtain history of a child from parents following prescribed format.

Obtain educational and vocational history.

Level III (N = 4)

Obtain personal, family, educational and work history following extensive outline.

Clinical Tasks - Treatment

Observation of Treatment

Level I (N = 7 except where indicated)
Observe treatment sessions (behavior modification, individual or group treatment), usually through one-way mirror.
Record interactions on charts or by event recorder, using assigned categories and time intervals. (N = 4)
Record interactions similarly from tapes or videotapes. (N = 2)

Level II (N = 3 except where indicated)
Perform Level I duties, using categories developed from observation of baseline data; under general supervision, select appropriate intervals, categories, and methods of presenting data.

Behavior Modification

Level I (N = 7)
Observe and record interactions during baseline and treatment sessions.

Level II (N = 6)
Act as a member of the modification team. Work independently with the subject in accordance with team instructions or assignments.

Sevel III (N = 3)
Participate as an active member of the behavior modification team: Help in original assessment, selection of strategies, reinforcers. Conduct sessions with the subject or the family.

Counseling and Psychotherapy

(Note: Most of the experiences below were to train the assistant rather than to provide service. Treatment was not a major focus of this project.)

Level I (N = 7)
Observe and record interactions in individual and group treatment.

Level II (N = 5 except where indicated)
Provide support and counseling to subjects undergoing life crises (e.g. talking with pregnant women and new mothers; acting as a friend to psychiatric inpatients; bringing disturbed persons to a treatment facility).
Acting as cotherapist in individual or group treatment with a specified role (i.e. to present a woman's viewpoint; to support a particular patient, etc.). (N = 2)

Level III (N = 3 except where indicated)

See one family member individually as part of a concurrent team approach. (N = 1)

See a patient in individual treatment under supervision of a psychologist (or on one occasion, a psychiatrist). (N = 4)

Consultation (primarily with community agencies)

Level I (N = 4 in year 1)

Attend consultation meetings with supervisor as an observer, to gain information about plans for patients being seen on the service, or to provide assistance in administrative details.

Level II (N = 1 in year 1, 5 in year 2)

Attend consultation meetings, with supervisor as a participant-observer. Make suggestions regarding assessment or treatment plans, or administrative details such as schedules, costs.

Act as liaison between supervisor and consultees prior to consultation visits. (Example: find out problems to be discussed, obtain background material, suggest who should be present at meeting, arrange for psychological assessment, etc.).

Level III (N = 2)

Represent supervisor at meetings. (The assistant at Level III did not serve as consultant, but was able to represent the supervisor in terms of his interests and probable level of involvement. She reported significant events of the meeting to him, and alerted the supervisor of action taken or needed.)

Assume responsibilities as a member of the consultation team in her own right. At Level III, assistants were frequently seen as active participants on the consultation team, their suggestions were sought, and they took on assignments within the scope of the activities of the setting where they were assigned. (For example, a Mother's Group asked the assistant to serve as their adviser; the assistant on community psychology frequently went alone to sessions of the juvenile court, accepting requests for assessment, or assisting court personnel in making referrals.)

Research Tasks

Literature Review

Level I (N = 5)

Maintain research files and professional library.

Set up or maintain filing system, catalog of books.

Send for reprints.

Level II (N = 7)
Abstract articles, theses, dissertations, books, for major findings, specific questions.

Level III (N = 5)
Review abstracts of various services for material of interest to supervisor. Prepare abstracts.
Prepare critical abstracts, evaluating design, sample, findings.

Early Stages of Research

Level I (N = 7)
Assemble materials needed for research projects. Obtain catalogs and price lists. Shop for materials or supplies.
Order tests. Arrange for duplication of questionnaires, scales, answer sheets.

Level II (N = 7 except where indicated)
Prepare research materials by taking slides or photographs, by making or editing tapes, by building or otherwise creating new materials needed. (N = 3)
Prepare special tests or test procedures; make up instructions, answer sheets, keys, charts of norms, etc. (N = 4)
Assemble information and material needed for requesting research support. Draft sections of grant proposals.

Level III (N = 4)
Help in planning research design and methods.
Help develop questionnaires, interview guides, other research instruments.

Carrying out Research

Level I (N = 7)
Observe subjects, record data.
Proctor individuals or groups taking self-administering tests.
Arrange subject schedules.

Level II (N = 4 except where indicated)
Administer straightforward research procedures to subjects (standardized tests or measures).
Act as liaison for members of a multidisciplinary team. Control master schedule, make sure all team members are informed of research plans, schedules, developments. (N = 2)
Locate or identify appropriate subjects, schedule research participation. (N = 4)

Level III (N = 4 except where indicated)
Locate subjects in different categories. Obtain their willingness to participate in research. (N = 2)
Conduct interviews, administer research procedures requiring some flexibility or modification of administration depending on results during testing. Administer research procedures involving problems of maintaining subject cooperation.

Teach others who administer research procedures.
    Coordinate activities of students, clerks, and others involved in data collection or analysis. (N = 2)
Assume responsibility for entire data collection and/or data analysis process under general guidelines established by supervisor. (N = 1)

Data Analysis

Level I (N = 7)
Score research measures scorable with keys, standard instructions.
Transfer data to forms used as source of computer data, in prescribed form.
Prepare charts or graphs showing results, in prescribed form.
Compute simple statistics (means, percentiles).

Level II (N = 6)
Score research measures involving some judgment, inferences, applications of various coding schemes.
Perform computations such as standard deviations, correlations, chi square. Review computer print-outs, identify data, flag findings of specified significance levels, or otherwise prepare print-outs for ready interpretation by supervisor.

Level III (N = 4 except where indicated)
Review computations and computer print-outs for significance levels, expected or unexpected results. Make preliminary interpretation of findings.
Create charts or tables for presentation of data.
Write Fortran programs for data analysis. (N = 1)
Act as liaison between supervisor and computer center, setting up data in form required, taking and collecting data, making sure data are in proper form, that schedules are met, that problems or errors are corrected. Requires understanding of statistics used, what computer program does, identifying data and measures used in specific project, probable sources of error. (N = 2)

Research Reports

Level I (N = 7)
Proofread written material.
Edit copy for grammar, punctuation.

Level II (N = 7)
Edit written material for style, content, clarity, tone.

Level III (N = 6)
Rewrite all or parts of material drafted by supervisor.
Draft all or part of grant requests, research reports, journal articles, papers for presentation.

(The editorial function was very useful. Two assistants with academic training and interest in English composition and literature performed particularly well. Their skills were used early, but became increasingly useful as their knowledge of psychology and the details of their supervisor's work increased.)

Tasks Relating to Training

Level I (N = 7)

- Assemble materials for courses or lectures by supervisor.
- Check tests and equipment out to students and insure their return.
- Make sure case materials, tape recorders, etc. needed for class sessions are on hand and in good working order.

Level II (N = 7 except where indicated)

- Review literature, abstract articles, prepare suggested reference lists, order sample copies of books in preparation for teaching new courses. (N = 2)
- Attend lectures and seminars to assist as needed and to provide feedback to supervisor on his presentation and class reactions (N = 4)
- Orient graduate students newly assigned to the service regarding rules, patient appointments and charges, personnel, assessment measures commonly used.
- Participate as participant-observer in seminars on administration of IQ tests conducted for school counselors or selected school personnel. (N = 3)

Level III (N = 4 except where indicated)

- Teach graduate students assigned to the setting the administration and scoring of tests new to them (i.e. the neuropsychology battery). Suggest how to handle difficult test situations. (N = 3)
- Teach information to be obtained from initial interviews. (N = 2)
- Facilitate communication between between supervisor and student, by orienting student to supervisor's methods and expectations, by own manner of communication which indicates to student that supervisor is "human" and approachable, by acting as a sounding board and interpreter.
- Suggest curriculum content for courses. Prepares drafts of course outlines. (N = 1)
- Attend seminars and lectures as participant observer. Present material from own cases or experiences as requested. (N = 1)

Factors Affecting Tasks Performed by the Assistants

A comparison of the sections on the individual services, and the preceding section summarizing the activities of the assistants, points up the areas of homogeneity and heterogeneity in the assistants' duties. All were actively involved in administrative activities; some were almost exclusively involved with clinical activities, while others devoted their energies to research.

In the sections below, the considerations that lead to these differences are noted.

Supervisory Variables

Supervisory effects on the assistant's job included:

The priorities the supervisor gave in his own job to teaching, research, clinical service, and consultation.

The supervisor's work "style," preference for structure or lack of structure, for working alone or in a group.

Reservations based on professional ethics about the advisability of permitting the assistant to take on certain activities (most notable in connection with psychological treatment, and assessment of personality, or use of projectives).

Reservations about taking supervisory time to teach an activity of little value on the service. (For example, several supervisors came to feel their assistants might learn the Rorschach, or become more involved in treatment, but did not feel the time and effort of teaching would be worthwhile.)

Assistant Variables

Special skills of the assistant, such as literary talent, knowledge of a foreign language, training in phonetic notation, artistic ability, knowledge of statistics, experience as a mother, led to assignments using these skills.

Interest or lack of interest of assistants affected assignments, more than would have been true of students in a formal program with prescribed coursework. Several assistants resisted involvement in personality assessment and treatment; they found plenty to do in other areas more akin to their interests.

The initiative of the assistant influenced both learning and assignments. Those who actively sought new learning tended to be given broader responsibilities on the job. Sometimes initiative did not succeed, either because the supervisor felt the assistant was not ready nor suited to the activity, or for other supervisory or situational reasons.

The attitudes of the assistants influenced job performance. For example, assistants who viewed administrative duties as important and as a psychological service were more innovative and productive than the assistants who viewed administrative work as a "necessary evil."

Situational Variables

A number of conditions in the setting affected the work done by the assistant. One was the number of graduate students on the setting and the level of their training. On some settings the number of requests for psychological services were barely enough to meet student training needs; on these services, assistants tended to be little involved in clinical work. Other settings had heavy assessment case loads, and the assistants carried an important psychometric function.

Work was affected by the patient population, adult or child, physically ill or emotionally disturbed, inpatient or outpatient. The nature of consultation requests, and the time available for decision also affected the assistant's work.

The Presence of a Secretary

From time to time during the project, supervisors, assistants and graduate students complained that the assistants were being wasted on secretarial work. Many of the duties listed above at Level I can be considered secretarial duties.

Four of the settings had a secretary in addition to the assistant during most of the project. The remainder of the secretarial work was done by two department clerk-typists.

A review of the records shows that assistants on services where secretaries were present tended to delegate to secretaries those Level I duties which could be performed without leaving the setting. These assistants spent relatively more of their time on Level II activities. They also were involved in more supervision of secretarial and/or clerical personnel.

Two of the secretaries themselves performed research activities, literature reviews, assembling of research materials, and data analysis, above and beyond their secretarial duties.

In asking the supervisors, students, and assistants how they felt the assistant's job differed from a secretarial position, the most common difference was that the assistant was more actively involved in the activities of the setting, and therefore her communication activities were more informed and carried more weight than when secretaries asked similar questions or conveyed similar messages.

One by-product of this project was an increased appreciation by the faculty of the value of a good secretary; while a secretary is by no means as versatile as an assistant, we are convinced that a competent secretary, effectively trained, can do much to increase the productivity of a psychologist. Those of the staff who had secretaries with some college experience, and who exposed them to some library, research, and patient-care activities, found they had gained a highly-motivated Level I assistant.

The Work Setting

The reader may have noted in the descriptions of the individual settings that assistants tended to be housed near their supervisors, and all but one shared an office with secretary, clerk, or graduate students. For example, the coordinator's assistant shared an office with the secretary paid by the contract, graduate students, and, near the end of the project, two part-time clerks. This office was also the informal meeting room for the Assistants, as their bookshelf and bulletin board were there. The office is pictured in photograph 10 on page IV-52.

In reviewing the notes of the project, the coordinator was struck with frequency of comments by assistants reflecting the effect of crowded working conditions. "I worked at home so I could get something accomplished." "I was trying to record interactions on a therapy tape but it bothered the intern." "When I work at home I can get three times as much work done." "I went to the library so I could concentrate." One of the assistants acquired an office of her own during the project. Asked about the difference her office made, she commented,"It definitely affects the amount of work I get done. I'm more on top of things since then. If I get lonesome, I can go out and see what's going on. But I can also close the door and settle down and work without being interrupted all the time. There's another thing. I feel more of an authority now, not so much talked down to. The office makes me feel that what I do is important. The interns feel the same way. The whole atmosphere now makes you feel like somebody."

We have said that the interactions between graduate students and assistants contributed to the learning of both. We do not underestimate the importance of these learning experiences. Yet we are convinced that privacy and a quiet place to work are positively correlated with efficiency, and probably with morale.

Concluding Comments

What the assistants came to do, and the effectiveness with which they performed their jobs, were a function of what the supervisor wanted done and permitted to be done, what the assistant wanted to do and was permitted to do, the interests and activities of the supervisor and the talents of the assistant, the pressures of the setting, the presence or absence of graduate students and clerical or secretarial help, and the space and equipment provided.

All the assistants were involved in a variety of administrative activities, occupying from 15 - 30% of their time. These activities were among the earliest learned, and assistants continued to become more effective as they learned more about psychology and about the workings of the Health Center.

The time spent in clinical activities varied. One assistant spent from 65 - 75% of her time in clinical work, while, at the other extreme, another assistant spent less than 10% of her time in such activities. Four spent from 25 - 50% of their time on clinical work, and the seventh spent somewhat more, 40 - 60%.

In research, one assistant spent over 75% of her time; two ranged widely, from 10 - 15% at one period to 75 - 85% at others; one spent about 25% of her time on research, and two were minimally involved, spending 15% or less. One of these, however, was reassigned and at that point spent over 65% of her time in a research project.

In general, except for the two extreme cases, one primarily a psychometrician and the other a research assistant, the assistants spent about one-third of their time on administrative and teaching activities, one-fourth in research, and the remainder in clinical assessment, treatment or consultative activities.

Composite Job Description

Early in the project it was necessary to write a job description of the psychological assistant, in order that new trainees could be put on the payroll. From time to time during the project the description was reviewed, and amended. The final description appears in Appendix C. It is a little different from the original. The format is that of the Position Questionnaire used at the time by the State of Florida.

Summary of Changes Attributable to the Presence of the Assistants

At the end of the project, the supervisors were asked to provide data on the changes in their activities attributable to the presence of the assistants. Six months later, supervisors were again asked to give the same information, some still having an assistant, and others now being without one.

Earlier sections of this report have discussed other changes occurring in the department concurrent with the assistant program. The number of interns in training doubled; the number of practicum students fluctuated greatly; one member of the faculty changed affiliation and his replacement left several months before the program ended. The Health Center underwent a financial crisis which drastically affected certain patient activities. Three of the faculty shifted their interests from clinical activity to research and teaching. With so many concurrent changes no precise assessment of the impact of the assistants is possible. An estimate by Joan Brill, a graduate student in Hospital Administration, of the contribution in assessment alone is given in PART VII. In her study of assessment on four services during a period six months after the project ended, Miss Brill concluded that for current assessment alone, two hospital lines for psychological assistants could be justified. Presumably, four or more lines could thus be justified to cover other valuable activities of the assistants related to patient care (i.e., not including work related to research or teaching) and to take care of the increase in requests for consultation which could follow the permanent availability of assistants on services with heavy assessment loads.

A major question in the present research was whether assistants could indeed free the time of clinical psychologists, and, if they could, what use the psychologists would make of the time thus freed. In our discussions with those psychologists who had assistants assigned to them, all agreed that the presence of the assistant had made a great difference in their productivity. There were two reasons for the increase: (1) the assistant took over time-consuming activities formerly performed by the psychologist, leaving him a substantial amount of time for other things; (2) the time of the assistant herself made more man-hours available on the setting.

In all seven services, the psychologist referred to changes in teaching; five mentioned that orientation by the assistant made it possible for the psychologist to devote more of the supervisory time in substantive issues; five mentioned having more time to spend with graduate students; all added new courses, or seminars, or workshops during the course of the project. Two took over added responsibilities for graduate student training programs.

All the psychologists noted sharp increases in research as a result of the presence of the assistants. Twenty-three projects were begun, thirteen being completed. Four of the faculty found they had more time for writing, and were able to complete work begun before the assistants came.

None of the psychologists said they themselves spent more time in direct clinical service, but five noted that they had been able to increase consultation with outside agencies during the assistant project. Regarding the clinical service provided by their settings, three noted that time of completing assessments dropped, five noted an increase in the number of requests for assessment and two reported large scale clinical assessment projects that could not have been done before the advent of the assistants. Three psychologists capitalized on the presence of the assistants to experiment with new methods of psychological treatment.

All the supervisors reported that the service functioned more smoothly and five commented on improved relationships with other professions, hospital administration and/or patients. Four referred to better control over patient charges and three reported money saved as a result of lowered equipment losses.

In short, in this academic setting, the major changes in the productivity of the clinical psychologists to whom assistants were assigned were in teaching, research, writing, and consultation. The quality of clinical service improved, and the quantity in some cases did likewise. Even in settings where the quantity of clinical activity did not rise, the amount did not decline despite the shift in energy toward research or teaching.

For those psychologists who lost assistants at the end of the program, retrenching in all areas occurred, but the major loss was felt in research delayed or deferred. In those settings, as time has gone on there has been a gradual loss of the smoothness and effortlessness that accompanied day-to-day activities watched over by an assistant whose knowledge of the where and why and how and who of the Health Center saved many needless steps for the supervisor and graduate students.

Summary

In this part of the report, the work done by the seven assistants is described, setting by setting. A summary of their activities showed that all spent time in administrative work, clinical activities, research, and teaching, although the distributions of time allocated to each activity varied. The clinical psychologist devoted the time freed by the presence of the assistant primarily to teaching, research and consultation. Beyond the effect on the clinical psychologist himself, the presence of the assistants led to increased operating efficiency of the service as a whole. Those settings which lost assistants when the program ended showed the loss in less efficient operation, and by a decline in research activity.

The following section of this report describes what happened to the assistants when the program ended.

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PART VI

PLACEMENT

Introduction

Having described the training of the assistants, and the work they came to do, it is now time to discuss what happened to them at the end of the project in June, 1968. To accomplish this we shall first comment on the initial expectations of the assistants when they were employed. Next, changing attitudes of the assistants about ultimate placement as the program progressed will be briefly described.

A major issue was whether their training would or would not readily be useful in another setting. Experiences of two assistants who changed supervisors during the project and one who changed at its completion give some information about this. The decisions of the assistants at the end of the program are described in terms of their life situation and individual goals, followed by a discussion of how well their plans worked out. Finally, the methods used to fit assistant positions into existing salary structures are reviewed.

Initial Expectations

At the time the assistants were being selected, the coordinator stressed the fact that the project was an experimental one, that at present the profession of psychology had no established positions such as we were investigating, and that, although we would make every effort to place graduates, we could make no guarantee of being able to do so. A number of candidates were encouraged to spend the two years obtaining a Master's in personnel counseling or rehabilitation counseling rather than considering this program, in their own best interests. The seven assistants, therefore, chose to enter the project knowing they were taking a chance on ultimate placement. Their motivations were several. For some, the job paid well and sounded interesting. If it didn't work out, they could at the end of two years look for another job. "I don't see how I can lose." For others, the project offered a moratorium, a two-year period in which they could "get away from books and learn about people" before making long-range commitments.

Three months after the group began training, the assistants were asked how they saw their training being used after the two years. Five saw themselves continuing as an assistant, two in the same setting or a related one. Another expected always to be in mental health settings because of her husband's profession, and hoped to be able to work as an assistant full or part time. One hoped the program would permit her to earn substantially higher salary because of family responsibilities. One felt that she would continue to be challenged by being an assistant, but that her supervisor was encouraging her to consider a graduate degree. One assistant saw the choice after the project as "full-time educational researcher, or full-time housewife" and the seventh assistant was unwilling to look beyond the next three months (her husband was at that time in graduate school).

Later Expectations

As the program progressed, the assistants became more identified with psychology, and references to what they would do after the program revolved around their own life goals, and whether psychology would find a place for them. Dr. Hursch commented on this to the Coordinator from her experience with the assistants in the statistics classes. "They are more identified with psychology than most graduate students. I just hired two psychology majors (one with a Master's degree) who had gone to Personnel and said they were interested in any kind of interesting job. The assistants never mention seeking a job outside psychology except as a last resort."

In the summer of 1967, there was a notable increase in tension about placement. The assistants in many ways let it be known that they were aware the program was half over, and were wondering what would become of them. Some concern revolved around how much they still did not know about psychology, and some around being accepted and being able to find a job. Two assistants had described the program at the Florida Psychological Association in May, and there had been a heated discussion from the floor about the use of non-professionals. All the assistants attended FPA, and were upset at the recognition that they were controversial. Despite the many discussions we had had about their acceptance by the profession, the FPA meetings were their first confrontation with the strong feelings evoked by our program. Many psychologists individually commended the project to the assistants after the symposium but the sting remained. In the third progress report shortly after this, the coordinator wrote: "At the time the assistants were employed, they were told that they were entering a two year research project and that no promises could be made of permanent employment, although every effort would be made to place those who wished to continue. Despite this, most assistants pretty much took it for granted that ultimate placement would be simple, until they attended the Florida Psychological Association Meetings. Since then, the group has been more concerned with what 'they' will expect of them, and whether they will find a spot where they can contribute their new knowledge. We have been accused by some of our colleagues of being unethical for hiring the assistants under the conditions stated above. We do not think so, but we are actively interested in finding ways in the structure of psychology for our trainees to find a place. Our request for permanent job lines has been sidetracked, temporarily we hope, in the current university budget. With the increase of nonprofessionals in other mental health professions, it is increasingly likely that general titles such as Mental Health Worker will be open to our trainees. Another possibility would include various Research Assistant and Executive Assistant positions in psychological settings. A major reason for our organizing the symposia describing the program has been to open doors for our students when they complete our training with us.

"We have also been accused of using government money selfishly to train people for ourselves. In this respect, we are in a difficult position, no matter what we do. If we find ways to keep our assistants in the settings where they are now trained, those who make this accusation will call us guilty. If, on the other hand, we do not keep the assistants, others can way we had so little confidence in our product that we did not want it ourselves. Thus freed to be wrong no matter what we do, we shall continue to work toward eventual placement that we believe to be in the best interests of our assistants."

The last year of the program saw an increasing tension about placement, particularly in four of the group who very much wished to continue working as assistants.

Generalizability of Training

As placement became more of an issue, there was increased interest in a question which had been asked from time to time earlier: How much of the knowledge of an assistant will be immediately useful in a new setting? PART IV of this report describes the reasons all assistants were not rotated to new services in order to answer this question.

It happened, however, that two assistants had status changes during the project. One remained on the service, but changed supervisors. The other was assigned to another setting. In both cases, the assistants underwent considerable distress. The old doubts from early in the program arose again. "Will I be good enough"? "They expect too much." "What if I make mistakes. They're pushing me too fast." In both cases, the assistants concerned, and to some extent the faculty, saw the adjustment as having occurred within about two weeks. The coordinator's diary, however, suggests that a period of about six weeks was necessary for the new team to be operating effectively and comfortably. The important point is, however, that the time spent for the second adjustment was much shorter than the original, and was probably not longer than the adjustment period any new employee, professional or nonprofessional, can expect on a new assignment. After the program ended, one of the assistants moved to a permanent position replacing an assistant who returned to graduate school. This assistant reported the same adjustment period, and again found it was much easier and more comfortable becoming functional on the setting than the first time. All three of these changes highlighted the important personal component of the supervisor-assistant relationship. In each setting the assistant had to learn the staff person's habits of working, strengths, weaknesses, biases and foibles. The staff member had to learn to assess the assistants in the same ways. While much of this report covers factual learning experiences and tasks performed, it should never be forgotten that one of the most challenging and stressful aspects of the learning on both sides has been the mutual adjustments and understandings by which each staff member and his assistant become a team.

One other bit of evidence for the generalizability of training occurred toward the end of the program, when several of the faculty became involved in large scale assessment projects, and borrowed assistants from other services to help with them. Assistants found themselves working with populations they had little experience with (i.e. children rather than adults, school children rather than ill children, etc.). In each case, the supervisor was surprised to find the extent to which the assistant could apply her past training and carry out the project with a minimum of supervision.

To summarize, our experience suggests that an assistant trained in one setting and assigned to another will need time to adjust to the new situation and to the temperament and expectations of the new supervisor, and that during this period new learning or application of old learning will be temporarily less efficient. However, there is enough commonality among clinical psychologists, that the adjustment period is short.

Placement of the Assistants

Four assistants are now working, two are in graduate school, and one is a housewife with a new baby. In their evaluation report, Drs. Jones and Swensen (PART VII) have noted possible factors to be considered in selecting assistants who will make a career of "assistanthood." These include age, marital status, intellectual level, skills they are allowed to develop, the supervisor-assistant interaction. The evaluator noted that "The younger, unmarried assistants were less satisfied. The older, married ones were more satisfied, possibly because the added role of wife and mother provided the added complexity they needed in their lives." To us, too, these factors seem relevant. The issues and constraints operating on each of the assistants may clarify the interaction of these variables.

Assistant 1 was 35 at the beginning of the program, married with two children. She preferred to remain as an assistant in the department, but wished more work with children than her original setting provided. She wished to remain in the community because her family is established here. She has not considered graduate school, and enjoys her present position, which fill her days enjoyably, and leave her evenings and weekends free for her family which is the main focus of her life. This assistant transferred from her original setting to a setting in which she is working with children. She remains with the Department of Clinical Psychology. She is confident of finding continuing challenge in being an assistant, as long as her superior is doing interesting things. (As a permanently employed assistant, she has enjoyed the freedom to study what she wishes, and uses free time in the office to delve deeply into relevant areas of clinical lore.)

Assistant 2 was 33 at the beginning of the program, married with three children. She divorced and remarried during the project. She worked on two different settings, one primarily devoted to service, the other to research. From the beginning she has valued the concept of psychological assistant as a responsible position in its own right and is confident that with the right setting and supervisor the job will continue challenging. She has not planned to obtain an advanced degree, but during the program enrolled for some formal courses and will probably do so in the future as family responsibilities permit. She wishes to remain in the community because her family is establisned here. She preferred a setting similar to the original placement but was unable to find one locally. She has remained in the research setting working on a project which interests her and to which she is making a valuable contribution. She hopes eventually to find a setting closer to her main interests.

Assistant 3 was 25 at the beginning of the program, married, with two children. Her third child was born during the second year of the program. Her preference at the end of the program was to continue in the setting where she was trained, since she enjoyed the setting, saw many opportunities to continue learning, and knew her special skills were needed. She wished to remain in the community where she, her husband and family are established. She was not interested in further training although she briefly considered graduate work at a period when it appeared placement as an assistant would be difficult. To the satisfaction of both the assistant and her supervisor, she has remained in her original setting. The position continues to fill her days with challenge and service to others, yet leaves her evenings and weekends free for her husband and family.

Assistant 4 was 24 at the beginning of the program, married with no children. She became pregnant in the second year of the program and delivered her first child four months after the project ended. She found being an assistant very rewarding in terms of her own personal development and in giving help to others. Her husband is a professional in the field of mental health, and she expects to be able to use her training wherever they settle, either on a part-time or a full-time basis. At present she is enjoying being a wife and mother and does not plan to return to work in the near future. (Since this was written, she has returned to part-time work.)

Assistant 5 was 23 when the program began, married with no children. She divorced early in the program and remarried after it ended. She joined the program because her formal education had been "overbalanced with facts and theories" and she wished to "get a better understanding of the 'people side of life' before choosing a career." Early in the program she was very enthusiastic as her supervisor, the interns, and psychiatric patients opened a new world of awareness to her. She maintained a high level of enthusiasm during the time she was involved with clinical activities and was one of two assistants who strongly wished to learn psychotherapy. As her duties became more involved with research, because of her supervisor's changing interests the assistant became less enthusiastic. She applied for admission to graduate training in psychology and was accepted. At the end of the program she recalled some of her old feelings that being an assistant would be satisfying to her, if she could move into treatment areas that interested her, but she had decided that in the reality of today she will need a degree to be able to pursue her own clinical and research interests. Her choice was difficult, because she hated (and still hates) what she sees as the stultifying constraints of graduate school. The judgment of the faculty is that her bests interests are served by obtaining a doctorate, and that the assistant project has served to recruit for psychology a potential colleague of great promise.

Assistant 6 was 22 at the beginning of the program, married with no children. Her husband finished graduate training at the end of the first year of the project and took a position locally for one year to permit his wife to complete her commitment with us. Both wish to live in a larger community, and left this area as soon as the program was over. Despite the heroic efforts of herself, her supervisor, and our colleagues in her new area, she was unable to find a position taking full advantage of her training (several offers were withdrawn because of a freeze in funding). She accepted a position in a government agency that to an outsider would appear to offer a psychological service, and worked extensively with clients, administering tests of various kinds. Finding little interest in her suggestions that procedures be set up to validate measures being used, she has been looking for a more suitable position, and may soon be placed in a setting where she can work with a school psychologist, using her psychological training and her second language, since she is bilingual. At one time, when placement seemed difficult, she considered returning to graduate school in her original field, but she is committed to psychology now and wishes to remain involved as a psychological assistant if at all possible.

Assistant 7 was 22 when the program began, married, with no children; she was divorced early in the project and has not remarried. When she entered the program she saw the choice of two goals: (a) to do graduate work in educational psychology, leading to college teaching and research, or (b) to find a "semi-profession to round out my future as wife and mother." The assistant's assignment permitted her to continue and deepen her interest in intellectual development of children, and at the end of the program she was admitted to graduate school in the College of Education. Although her training exposed her to personality assessment and a limited amount of treatment of children, she preferred not to avail herself of opportunities to pursue these areas, and concentrated on cognition (which was also the major interest of her supervisor). During the program she vacillated between plans to remain an assistant, and plans to return to graduate school. She returned to student status a much more confident, mature and sensitive person. She has maintained her connection with the department by acting as a graduate assistant for her former supervisor, and considers the role of psychological assistant "next to teaching in college, the best thing going that I've ever heard of."

For future programs, factors in selection to be considered would seem to be aspiration for job versus a career, family situation, and age. Women with school-age children, whose family situation makes work outside the home necessary or at least important (not a frivolous pastime) are more likely to remain as assistants. The job is appealing to women because of its variety, service, and contact with many people. Days are busy and exciting, yet evenings and weekends are free for family pursuits. This factor alone was important to many of the assistants, who had a vivid awareness that their supervisors' responsibilities did not end at 5:00 o'clock. Younger women who have aspirations for a graduate degree are more likely to be attracted to assistant programs in which a BA in psychology is supplemented by clinical experience. These are, judging by our experience, less likely to remain as assistants. An offsetting factor is that such academic programs produce more graduates than are produced in an apprentice-like program such as the one described in this report.

On looking back to our records and predictions at the time of selection, we found no surprises. The assistants most oriented toward working have continued as assistants. The two who returned to graduate school informed us initiallly that this was a possibility but were sincerely considering remaining as assistants until late in the program. The assistant who is now at home gave "having a family" as her major life goal. While statistics may question the fact that three of seven are no longer assistants, we have no apologies to make. To us it is obvious that all seven have contributed much to psychology, and all will continue to do so in one way or another in the future.

Making a Place for the Assistants in the Psychological Family

There is ample documentation of the shortage of psychologists, the increase in demand for psychological services, and the acceptance for some years now by those responsible for training psychologists of the idea of greater use of the non-Ph.D. product. A program such as ours, open to women who have the credentials of a bachelor's degree, and whose training is designed to prepare them to assist a professional, not to set up shop for themselves, should, in the light of these facts, meet little resistance. In fact, one would expect graduates to be welcomed with open arms. This did not always happen. What are the factors that stand in the way?

First, although there is much agreement in theory that assistants can be valuable, the application of the theory raises qualms. We have tried to show in this report the many doubts we of the faculty worked through in this program—the questions of professional ethics, the delegation of responsibility, the blows to our ego when assistants assumed tasks that we had learned with difficulty. We have encountered no criticisms by other psychologists which one or another of us had not already struggled with. We are confident that for outsiders, as with us, knowing the assistant as an individual and developing a working relationship on the basis of her capabilities, will be possible despite original concerns. The problem appears to be to make a connection so that the accommodation process can take place.

One factor in the way lies in the discrepancy between what professionals in mental health see as the need for service, and the willingness of our society to support service financially. Budget problems at the local, state and national level were a major difficulty in placement of the assistants. The combination of funds required to support one of the assistants lines would do justice to a Rube Goldberg in complexity and ingeniousness. Two assistants, between them, lost six possible jobs because the psychologist could not raise funds for salaries.

When the program began, we asked for four hospital lines, on the assumption that the program would be successful and that assistants could provide enough service to justify four permanent positions. Two years later, at the end of the program, we were granted one line, with a gap of some months before it was funded! Recently a hospital administration student analyzed the productivity of the assistants, and decided that for current assessment needs alone (recognizing that assistants perform many other valuable functions) two assistant lines are justified (see PART VII). In our setting, in a growing health center which has already had one budget crisis, in a university competing for scarce funds with new universities and junior colleges, it takes great effort to justify lines for psychological assistants against a multitude of competing demands. Hospital authorities are sympathetic, but relatively powerless.

A second difficulty in placement comes from the natural rigidities of established salary structures. A description of our difficulties in this regard may be instructive to others planning similar programs.

Before the program began, we were at great pains to clear with various university authorities the status of our worker-student-research subjects, and had, we thought, worked out a simple accounting procedure for paying them. At the last moment, we were informed that they would have to be paid as employees rather than as students, and that they could not be employed unless they had a job description. We were in the interesting position of conducting research to see whether a job might exist, and having to write a job description of the job we were researching before being permitted to begin the study!

Since our original contract had been to support five assistants, and we through other support were able to hire seven, the project was filled with complicated transfers from one fund to another as support for one assistant vanished and for another assistant appeared. About halfway through the project, a reclassification project to our amazement led to classification of the assistants as Social Service Workers. We protested vigorously, since the title certainly did not represent an addition to the psychological profession, as our research intended. Eventually we were told that the state classification system has about 2000 classifications to cover about 60,000 jobs, and that, while we could call the assistants whatever we wished locally, their statewide title would continue to be Social Service Workers. We have recently been told that moves are afoot to provide more flexibility in the salary structure of the state for absorbing graduates of various nonprofessional programs, but these are very tentative and preliminary steps at present.

During the program, one of the assistants was classified as a Mental Health Worker I and following completion of the project, another assistant was also so classified. In January, 1969, the classifications of Mental Health Worker I and II were abolished, replaced by Mental Health Representative requiring a "Master's degree in psychology, social work, nursing, sociology or related fields and one year of professional experience in a multi-disciplined mental health, public health, or related setting providing treatment services to emotionally disturbed individuals." It remains to be seen whether our graduates can be given this classification.

Other complexities turned up as we tried to place assistants. In one setting, the director would have been able to place the assistant only by releasing a line of a Ph.D. psychologist. In another situation, the assistant was considered qualified provided she could pass a state civil service examination in statistics.

In academic settings, it is easy to get money for student stipends, but very difficult to find money for permanently employed assistants, unless they have been specifically requested in research grants. One of the psychology faculty, in discussing our problems of placement, commented that assistants could be useful for all psychologists, not just clinical psychologists. However, the first goal of the university is to educate, and therefore the faculty must make do with inefficient graduate student help, rather than efficient, permanent, full-time assistants. "Efficiency must give way to training."

The fact that most assistants wished to remain in Gainesville because of family ties here further complicated placement. However, our hypothesis that placement would be easier in more metropolitan areas was shaken when one of our assistants moved to a large city and was unable to find a suitable position. The problem may relate specifically to that urban area. At a meeting of Mental Health Clinic Directors in November, 1968, we heard a graduate of another mental health program who lives in the same metropolitan area state that she was doing volunteer work until she could find a suitable placement!

Our graduates were trained as assistants to psychologists. It is worth noting that some employers, notably schools, made overtures to them to work as autonomous psychometricians. It is clear that, as with MA psychologists, the assistants and other nonprofessionals will be pressed to assume responsibilities beyond their training because of the manpower shortage. The ethical issues are obvious.

Early in 1967, a psychologist in the state Division of Mental Health warned that it would be important to cultivate the market place if we were to be able to place our people. In retrospect, we did not heed his warning soon enough. Yet we find it is hard to get administrators interested in working through mountains of red tape to prepare for some nebulous graduate of a training program. On the other hand, administrative wheels grind slowly, and it is too late to begin when the first graduate is seeking a job.

Psychology has traditionally had little place for psychology majors holding a bachelor's degree, and grudging acceptance of those with a Master's. How then is such a structure to incorporate sub-master's people? In PART II of this report, Cohen suggests a technician-technologist model. The practical, if somewhat cynical recommendations of two of the assistants in their paper which is reproduced in Appendix A (Thomas & Lehrke, 1968) allow for three levels of psychological nonprofessionals. Other programs (e.g., Sines, 1967; McKinney & Anderson, 1967) and our program here present other models. It begins to look as if the "non-professional" or the "sub-professional" idea is catching hold, and we may in a few years be faced with a proliferation of psychological technicians, technologists, assistants, associates, etc. below the doctoral level. On the basis of our experience, there will at first be difficulty fitting these new workers appropriately into formal administrative structures, and they will be very vulnerable to proselytization by those outside psychology to meet the manpower shortage in psychology. If we are correct, we are in the paradoxical position of creating new roles which break up what has been too rigid a structure, while at the same time we are required to build new structures, hopefully less rigid, to protect both the newcomers and the clients with whom they deal.

One word about salaries is in order. Our assistants started at $5,000. They are now making between $6,000 and $6,500. Our community, with a large number of student and faculty wives, has many bright women seeking full-time or part-time work. The state-paid salary for beginning teachers is $5,300 with supplements in most counties raising salaries to $6,000 or more. At a symposium on mental health manpower in March, 1968, at the American Orthopsychiatric Association, salaries nearer $7,000 and $8,000 were being mentioned for nonprofessionals, some at the associate of arts level. George Albee (1966) has said "Frankly, I find it astonishing that all of us as parents, and as citizens, are quite content to entrust our precious children to the daily ministrations of school teachers trained essentially at the bachelor's level, and yet we insist that the professional dealing with society's emotionally-disturbed and mentally-retarded children and adults must have far, far more training than teachers for face-to-face intervention." In this context, the salaries of our assistants, college graduates with two years of specialized training, are too low.

In short, then, while this project has succeeded in training seven assistants who can be very useful in performing a variety of activities typically performed by clinical psychologists, we cannot say we have yet been equally successful in changing professional attitudes and administrative structures so that opportunities are open which fit our graduates. It is clearly not reasonable to expect administrators, unless they are desperate for a live body, to give up a professional line so that they can hire a non-professional. The alternative is to find additional positions for non-professionals and the funds to support them. The method is to convince administrators that hiring these new people will pay off in better service or more productivity in other ways. We agree with one of the participants of a recent conference who said "You know, if administrators really want something, they will find a way to get it." In our case, this is indeed true. Three years ago when we first began thinking of the psychological assistant project, the Department of Clinical Psychology consisted of faculty, graduate students, three secretaries and the prototype of the psychological assistants who was on the neuropsychology service. As our experiences with the assistants grew, all the faculty, those who had assistants and those who did not, began to realize how many of our activities could be safely and effectively delegated. We came to see ourselves more and more as innovators and managers, and had more time to devote to planning and instituting new programs, in which non-Ph.D. permanent personnel would carry out the time-consuming details. In writing grants, we began to request funds for assistants who could function at a more responsible level than the secretarial and clerical help we had requested in the past.

At this writing the department now has 5 full-time psychological assistants and 8 full-time research assistants. Furthermore, secretarial help has also increased, so that assistants spend less time on secretarial and clerical duties. It is important to recognize that this change occurred at a time when there has been a cut-back in support for federally financed programs, and when the state funding of the Health Center has been so inadequate that at one time there was real danger that the teaching hospital might have to close down. The administrative effort in getting these assistants into the department has been monumental. We are convinced the payoff has been well worth the effort.

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PART VII

EVALUATION OF THE PROGRAM

Introduction

One evaluation of the program is implicit in the description of the duties performed by the assistants, and the effect of their presence on the productivity of the setting where they worked. This evaluation was reported in PART V.

The present section includes formal evaluation reports of outsiders invited to assess the program, three of them distinguished psychologists, one a graduate student in Hospital Administration. Following these Reports of Outside Evaluators, is a section, The View from Within, giving formal and informal observations by the faculty, the graduate students, and the assistants themselves. The section on The View from Without describes the comments of local non-psychologists about the project, and the comments of psychologists in response to presentations about the program at professional meetings.

The three psychologists invited to evaluate the project, all holders of the Diplomate in Clinical Psychology, were Professor Marshall R. Jones of the University of Miami, Professor Clifford H. Swensen of Purdue University, and Dr. Theodore H. Blau, a psychologist in private practice in Tampa, Florida. Drs. Jones and Swensen spent June 19 and 20, 1968, and Dr. Blau spent June 28 and 29, 1968, visiting with the faculty, students, psychological assistants and other non-professional members of the department. In general, Drs. Jones and Swensen concerned themselves with questions relating to the competence of the assistants and the utility of such persons to psychologists. Dr. Blau concerned himself more with issues of utilization of non-professional manpower in psychology. All three evaluators probed deeply into the meaning of the experience for the participants, and we can think of no areas in which one or another of the evaluation team failed to ask searching questions.

Four months after the program ended, a serendipitous development provided another outside evaluation. Graduate students in Health and Hospital Administration were assigned projects to evaluate some hospital function, and Miss Joan B. Brill chose psychological assessment for her project. Her initial understanding was that assessment was the primary duty of the assistants, and was a relatively straightforward affair. In stages, she learned the complexities of the department, the assistants' duties, and the assessment process. Her views of how to measure the productivity of the assistants, and her changes of attitude as her project progressed gave us an insight into the workings of the administrative mind. A shortened version of her report follows the reports of Drs. Jones, Swensen, and Blau.

Reports of Outside Evaluators

Evaluation Report - Marshall R. Jones and Clifford H. Swenson

This report is based on the series of progress reports submitted by the program coordinator, final reports submitted by assistants in the training program and by their faculty member supervisors, as well as a series of interviews and conferences between the undersigned and participants in the program on June 20-21, 1968. On this visit five of the seven assistants were interviewed along with their faculty supervisors. The assistants were also interviewed in a group, and the major portion of the faculty were also interviewed in a group. In addition, the undersigned had a conference with a psychiatrist on the Children's Psychiatric Service (Dr. Carrera) and with Dean Darrel J. Mase of the College of Health Related Professions.

On the basis of the information that was gathered, there could be little doubt that the major goals of this project were achieved. Faculty members to whom assistants were assigned clearly feel that the time spent in training was more than repaid in the two years in which the assistants worked on their services. There is quite a general agreement that the assistants increased the productivity of the services to which they were assigned by significant amounts. While the contribution of the assistant to the particular service varied across services, there was general agreement among the faculty members that they would be pleased to have one or more new assistants assigned to them on a similar basis for another two year period.

The assistants also clearly felt that the two year training period was a successful and profitable one for them. They felt that they learned a great deal about psychology, that they increased their skills and acquired new skills in several areas, and that the experience was the stimulus for a significant amount of personal growth and development. Again there are individual differences in the amount to which the different assistants profited by the experience, but there seems to be general agreement among them that it was a profitable and worthwhile experience.

There seem to be some unanswered questions about how effectively assistants were selected who might wish to make a long-time career in this area. This problem has ramifications in many areas but involves, among other things, the relative intellectual levels of the assistants, perhaps their background training, possibly their age, possibly marital status, and quite probably the number of different kinds of activities in which they were allowed to develop skills. A further factor may well have been basic attitudes of the supervisors about the appropriateness of assistants doing certain types of psychological work and the personal interaction between the assistant and the supervisor. Some of the assistants obviously find that this kind of work offers too little satisfaction to make them wish to make a career in this area. There is some possibility that the willingness to stay on in a position of this sort is related to age. It may be that the younger, unmarried members of this group are less satisfied. The older, married ones were more satisfied, possibly because the added roles of wife and mother provided the added complexity they needed for their lives.

Most of the assistants and faculty are in general agreement that the relative lack of structure of the training program in its early phases resulted in a considerable amount of anxiety among the assistants. This anxiety was further heightened by the fact that not all supervisors were in agreement on exactly how much and what kinds of duties the assistants should be trained to perform.

There seems to be rather good agreement among the assistants and probably almost as much agreement among the faculty that the Bachelor's degree, or at least some college education, is important for the training of assistants at the level attempted in this program. It seems to be generally agreed that this level of education is necessary so that the assistants on the one hand can feel secure enough to relate easily to professionals in other disciplines as well as to carry enough "authority" to perform the kinds of functions to which they are assigned. There is also fairly general agreement that the area in which the students have taken their undergraduate training is somewhat less important than the level which they have attained. It was true that students who had their undergraduate training in psychology had less difficulty with the technical jargon in the early stages of the program, but this advantage seemed to disappear rather quickly. Another skill that was important in the assistantship training program which seemed to be related, at least in part, to the level of academic training achieved prior to entering this program was the ability to write clearly and well.

The students and faculty also seem to feel that personal characteristics of the assistants were important in their training. Their capacity to be sensitive to other human beings, to be open to change, and to be able to look at themselves with some objectivity all seem to be related to their success in this training program. It is perhaps of considerable significance that the assistants rather generally felt that the individual faculty member to which each of them had been assigned was quite supportive and it is apparent that rather good relationships developed between each assistant and her supervisor.

The assistants seem to feel that the aspect of training which was the most useful possibly was that of the observation of behavior and in the drawing of inferences from the behavior observed. (Dr. Swensen also felt that students felt the lectures on statistics were especially helpful. Dr. Jones missed this if this was the case.)

While, generally speaking, the assistants saw the administrative work they were required to do as less rewarding personally for most of them, the faculty and the assistants together seem to agree that major contributions were often made to the efficiency and adequacy of the function of the service to which they were assigned by the innovations and the thoroughness which the assistants introduced into these functions. The improvements brought about by the administrative work of the assistants often markedly improved the relationships between the service in which they served and other functioning units in the college and hospital.

It is apparent that there has been a considerable lack of agreement among both the assistants and the faculty about the kinds of skills that the assistants should be allowed to develop and the kinds of tasks they should be allowed to undertake. This basic disagreement seems to have been present from the beginning of the program and is still present. Some faculty members apparently feel that assistants at this level should not be expected to, or allowed to administer, score, or especially interpret Rorschach and other complex projective techniques. Some seem to feel also that assistants should not be allowed to undertake psychotherapy in any form. Other faculty members seem to feel that the assistants may well learn some or all of these techniques and should be allowed to do so if they wish to and can manage it. The assistants themselves seem also divided on this issue. Some profess not to want to get involved in the more complex techniques but do not like being prohibited from doing so if they should wish to. Others obviously are very eager to get much more deeply involved in these more complex techniques. These differences of opinion at both the faculty and assistant level have been the source of some stress within the program, but this does not seem to have been excessive or especially damaging. With the present stage of development in psychology, it probably is not reasonable to expect to get any great unanimity of opinion on issues such as these among any significant number of psychologists.

There is considerable disagreement among the assistants and apparently a lesser degree of disagreement among the faculty about the necessity and propriety of doing personality evaluations on the assistants. Some assistants opposed this most vehemently while others seemed to welcome it. Those who objected to testing did not object so much to testing per se, but rather to being tested without the testing having a clear purpose that was explained to them. Most faculty members did not seem to be deeply involved in the issue, although one faculty member whom the evaluators did not have an opportunity to interview, wrote in a report that assistants should not be subjected to a personality evaluation any more than any other employees. It seems probable that the strong resistance to personality evaluation on the part of at least one of the assistants, and perhaps indifference or even resistance on the part of some of the faculty, led to dropping the original plan for more systematic evaluation of the assistants throughout the period of this project. This has resulted in less data being available to evaluate the kinds of changes that may have taken place in the assistants related to this particular program. Since assistants do, in fact, rather frequently speak about the changes that have taken place in them as persons, it is unfortunate that more objective data are not available to assess the changes. The possibility that the difficulty in this area may be to some degree a function of how it was originally handled, cannot be overlooked. The method of having the students go over some of their own test records may have aroused more anxiety than would have been the case if the test records had been interpreted to them by a qualified psychologist. Also, some of the assistants were apparently of the opinion that they were in real danger of being dropped from the program if the personality test results were not satisfactory. The assistants also seemed never to be clear about how confidential the records of their personality evaluations might be. They were not sure who or how many persons associated with the program might be allowed to see those records. It seems likely that personality evaluations of this sort will always carry some threat to certain people, but it may be possible to handle them in ways that would reduce the threat, at least to the level where one could get cooperation and thereby get more data that might be relevant to the evaluation of such a program.

Both assistants and faculty seem to feel that most of the problems in the program occurred in the early phases and were at least in part traceable to some lack of structure, some lack of agreement on how to proceed with the training, some lack of understanding on whether the director of the project or the psychologist to whom the assistant was assigned held final authority, and to insecurities that were related more personally tothe situations in which the assistants found themselves outside the training program. It seems reasonably clear that the number of problems decreased rather rapidly in the early phases of the program and that the assistants grew to feel very comfortable in their assignments after the first few months. Later problems seemed to center more around unavoidable shifts in faculty and assignments.

Another source of feelings of insecurity reported by some of the assistants was what they perceived to be a conflict between their being urged, on the one hand, to be frank and open, and on the other hand to feel that their very positions might be in jeopardy if they were.

The assistants seemed to have been quite unconcerned about ethical issues. They seemed not to have run into any situations which raised ethical issues in their own minds. They do not seem to be especially aware of the code of ethics of the American Psychological Association and seem to tend to feel that those issues are the responsibility of the psychologist to whom they were assigned and not something about which they need to concern themselves. When asked about this specifically, assistants tended to reply in terms of a personal code of ethics.

It seems that the skills developed by the different assistants are, to a considerable degree, a function of the specific placement in which they found themselves. This raises some question about how readily they might transfer from one service to another, or how much training would be necessary to move them into an assistantship in a different service. There is very little hard evidence coming from this program that leads to an answer to this question. Opinions about the issue vary considerably among both the assistants and the faculty. This also is an issue which has relevance to the possible placement of these persons in positions as psychological assistants in other settings now that they have completed their training programs. It was the impression of the evaluators that the assistants got relatively little training in research methods and specific research techniques, including design, data reduction, and research report writing. The skills they picked up seemed to be much more oriented toward the clinical areas.

In view of the fact that there is little evidence from this study which bears on how much of the training in a given setting would carry over to activities in another setting, neither the assistants nor the faculty members seemed to be in favor of a training program which rotated the trainees from one service to another. There is some opinion that the assistants required more time in supervision than they saved for the service for the first several months, but after that they saved a great deal of time for the individual psychologist or the service, and then nobody was eager to have them transfer to another service at that point. There was recognition of the fact that in a formal program, such as incorporating training of this sort in a B.S. program, rotation would be desirable as a training procedure. However, they felt that in this program, which was designed to demonstrate the feasibility and desirability of the function of a psychological assistant, that rotation would have robbed the assistants of their on-the-job effectiveness.

When specifically asked what change the training program had on their own personal lives, the assistants were not able to be very specific. It apparently is an issue about which they had not thought very much and they were not prepared to answer. A somewhat facetious remark by a husband of one of the assistants, indicating that the visitors should also have interviewed husbands and other members of the assistants' families, may have some relevance to this point.

It also is of some interest that there was considerable difference in the way the assistants conceptualized their roles in relation to their supervisors. Some of them saw themselves very much as an extension of the psychologist to whom they were assigned, while others saw themselves as much more independent. This may well have been a function of the conditions on the different services and the different personalities involved.

In fairly general terms, the assistants did feel that the training had made them more flexible, somewhat more aware of some of their own feelings, and had given them more self-confidence.

A brief meeting with a group of interns seemed to lead to the conclusion that they found the assistants very helpful in a variety of ways. Apparently, at the very beginning of the program, there was some little resentment about the amount of time faculty may have been spending with the assistants, but later the assistants played a very significant role in helping orient practicum and intern students to a new service and in working with them on patient problems. There seemed to be a genuine interaction of a useful and professional sort among the graduate students and the assistants.

It is abundantly apparent that the interest and cooperation in this program by personnel at all levels ranging from the assistants themselves, through the faculty, the Project Coordinator, the Project Director, and the Dean of the College, helped to create a climate that contributed significantly to the success of this project. The assistants obviously were highly motivated to make the whole undertaking a success and contributed generously to this goal by participating in professional meetings, writing reports of their experiences, as well as by their day-to-day activities on the services. But one of the most significant contributions to the success certainly was made by the Project Coordinator, who not only assumed the responsibility of following through on the original plan, but also gave great support to the assistants as they needed it, served a very important liaison function between assistants and supervisors, between assistants and graduate students, between assistants and professional persons outside psychology, and between the various psychological services and the hospital and college at large. The fact that personnel at all levels could relate to her in a significant way and, in spite of this, that she was able to make the necessary decisions and follow through on them, even in the instances in which they were not universally popular, quite obviously contributed to the success of the project. Also of very considerable importance to any further studies of this sort in the future, will be the careful and complete records of the project collected and maintained by the Coordinator.

In summary, this project has quite clearly shown that women, of the age group and educational level represented here, can be trained by the means used to be extremely useful psychological assistants. There is some evidence that such assistants will be employable, although the degree to which this will occur depends in part on factors beyond the scope of this project. It also is not clear whether women of the caliber of those in this project will be willing to remain in positions of this sort for long periods of time. Nonetheless, this project has demonstrated that this type of training is feasible and that assistants trained in this manner can make significant contributions and promise to offer some relief to the manpower problems in the mental health field. In addition, this program should provide the impetus for other projects designed to determine answers to some of the problems raised but not answered by this project.

Evaluation Report - Theodore H. Blau

To evaluate a program long-planned and two years in operation is difficult only insofar as the key question is concerned—"What good has it been"? That crucial question will have to await long-term study of the program's product, or the products of subsequent programs.

Psychologists cannot meet current and developing needs for psychological services. Manpower studies indicate no hope of producing a sufficient number of psychological workers with graduate degrees to meet anticipated needs in the coming several decades. Some sort of adjunctive person must be defined. Perhaps service needs can be met if we can train such adjunctive personnel. The current program seems aimed at training such personnel to assist psychologists in a variety of functions. This evaluation will attempt to estimate the degree to which this program has been successful in producing useful psychological assistants.

This evaluation is partly based on various preliminary, intermediate and final reports and descriptions of the program's progress. In addition to these data, interviews with the Coordinator, training personnel and trainees were held on June 28 and 29, 1968.

The Overall Product

These girls are impressive products. They are energetic, intelligent, fairly assertive, articulate. They are identified with and invested in psychology. Where negative feelings were noted, they seemed related to inner needs on the part of the trainee to do more or be more. Each trainee would undoubtedly be useful in a variety of roles. They seemed to have a baseline of didactic and practical training on which many applied skills and functions could be easily built. When professional clinical situations were presented to them, they quickly noted problems, opportunities, solutions. Some of the trainees were anxious to be in a broad, variable psychological setting offering challenge, variety, and responsibility. Others seemed to be seeking more specific task-oriented settings.

Whether the positive nature of the product as noted above resulted primarily from training or selection would seem to pose a significant question. Assuming a resolution to this question, psychology could use several thousand of these products at the present time, certainly more in the future.

Selection and Recruitment

I believe that the current graduates of the Psychological Assistant Program represent a special combination of traits that contributed much to the final product. Whether several thousand candidates of similar character could be found is questionable. The two year training period could be used with high school graduates, graduates of Junior College programs or mature candidates from the non-working or lower-level working manpower pools. Much has been said as to the great potential of women no longer needed in the home as a source of talented, energetic training candidates. To date, this concept is yet to be substantiated. The current program might be easily tailored to fit such a group if it is found that they are indeed available and responsive to such training.

Goal Orientation

This was perhaps the major insufficiency of this experimental program. Rarely were the trainees able to see where they might be a year, five years or ten years after graduation. It soon became apparent to them that to assist a psychologist could range from very mundane clerical and housekeeping tasks to vague and perhaps questionable participation as a quasi-assistant therapist in Group Therapy.

It seems that the training was task-oriented rather than role-oriented. This, of course, is understandable in view of the experimental nature of the program. There were no models to whom the students (or trainers) could refer. As a result, the training seemed to follow fairly classic clinical-psychological internship-practicum kinds of activities. The trainees learned to do things. They were helpful to psychologists. They did not, however, build skills and experiences toward an eventual well defined role-function and competence.

Training

It would seem that everyone worked very hard at training and being trained. Extra hours, extra efforts, creative thinking and risky-shifts allowed the trainees to be exposed to a wide range of psychological activity. The trainees were allowed to see psychologists operate brilliantly and stupidly. The training situation was very open and encouraged interaction and communication. This alone may make this program a unique experimental training situation.

The absence of specific goal orientation was most keenly apparent in the training procedures. The functions of the training personnel determined the learning sequences of the trainees. This contamination was probably detrimental to the program's general goal of training the student to become a general psychological assistant. It would have been very helpful to all parties if some attempt had been made to specify the settings and jobs outside the training institution toward which the students were being shaped.

The trainees saw little of psychologists and how they work outside of their own sponsor and a few others. Visiting practicing psychologists could have been used in dynamic two or three day sequences where they could demonstrate their skill and then specify where and how they could be assisted in these tasks.

A series of one-month placements outside of the training institution would have been a helpful adjunct to the training program.

The students expressed a feeling that basic psychological material—concepts, theories, methods—should have been presented in class room fashion. The lack of fundamental conceptual frameworks was apparent. If this could be added to the program, the students would probably feel more comfortable in applying their skills. Time and personnel are key problems in providing didactic training. Programming methods might be helpful in providing a variety of concepts effectively and quite rapidly.

A good deal might be done in the line of developing materials which could be used in training and then taken as part of the equipment for use on the job. Such materials might include:

a. A book of normative data useful in psychological practice. This might include tables to convert $\frac{MA}{CA}$ IQ's to Deviation IQ's, conversion tables for IQ to percentiles, percentile equivalents for individual Wechsler scale scores, etc.

b. A compendium describing the most commonly-used psychological tests, their appropriate application, discussion of particular techniques or problems, summaries of Buros reviews of these tests and ordering information.

c. A book of source references for materials, tests, information, referral procedures, etc.

Evaluation

In a sense, all of the students were being evaluated, and were evaluating themselves throughout the program. This seemed effective for the current group, particularly in the absence of a clear picture of who they were supposed to be and what they ought to be able to do at the end of the training program.

More effective goal orientation would require checkpoints at intervals throughout the program setting levels of competence or accomplishment that would be fairly objective. This could include tests, checklists, rating scales, themes, projects, demonstrations, reading lists completed, etc.

Placement

"Where will I go" and "Who will I be" are questions that exist from the first day of any training program. The answers to these questions represent the purpose of the program and the ultimate criteria of the program's worth. At this point, we can only speculate as to placement. My speculations are as follows:

· Types of Settings.—I can think of no setting in which psychologists work where one or more of the current seven psychological assistants would not be extremely helpful. The university professor of psychology could use an assistant to help teach classes, to prepare psychological experiments, to demonstrate, for bibliographical review, as a research assistant, to prepare quizzes, to evaluate student papers and projects and a multitude of academic/clerical activities.

The psychologist engaged in oceanographic research could use his assistant to review literature, to help care for aquatic specimens, to calibrate and use measuring apparatus, record data, design equipment, help collect speciments, assist in operative and postmorten procedures, to write up and present papers, to prepare charts and illustrations.

The psychologist in independent practice could be more effective and serve a greater number of people in need if he had a psychological assistant who could conduct initial interviews, give and score a variety of tests and assessment instruments, conduct play therapy, work with parents in effective child-rearing training sessions, interpret test results, write reports, conduct behavior modification training, provide initial consultations or liaison with community service organizations, conduct vocational/educational evaluation and consultation, participate in research, etc.

These are but a few, quite diverse settings in which the psychological assistant could operate. It would be important that those who work in such settings be prepared to provide appropriate roles and activities for the assistant. A program of education as to the training and ability of the assistants should precede placement. Involvement of psychologists in the training program will probably be the best guarantee that the placement of the graduate Psychological Assistant will be appropriate.

Before psychological assistants are placed in any community or institutional setting, it would seem wise that orientation programs for professional people in these settings be arranged and presented. Descriptions of selection and training procedures as well as presentations by trainees would help professional persons to understand the competence, capacity and limitations of the psychological assistant. Such a procedure should also help to ease the assistant into the new work setting.

Recommendations

The training program should be repeated. Specific modifications that ought to be considered would be:

1. Delineation of specific settings in which the psychological assistant would work and the activities to be expected.

2. Development of a fairly specific syllabus which would include the sequence of study, the reading materials required, the topics, assignments, evaluation techniques, and responsibilities of the trainee.

3. Development of special materials, programmed instructional sequences, compendia and information booklets which could be useful as training devices and as part of the assistant's on-the-job equipment.

4. Selection of a large group of trainees for the second experimental sequence; between 20 and 50 would seem to be an appropriate number. Recruitment might consider the following:

    a. A younger group made up of Junior College graduates between the ages of 19 and 25.

    b. An older group consisting of mature women having at least one year of college in their background, whose family responsibilities are minimal or nil.

5. Extensive use of practicing clinical psychologists and community psychologists in the training program.

6. Funding for one- and two-year evaluation follow-up of graduates.

Report by Graduate Student in Health and Hospital Administration

A Determination of Ancillary Personnel Needs in the Clinical Psychology Department of a Teaching Hospital - Joan B. Brill

Purpose

The purpose of this project was twofold: (1) to determine the areas and activities where psychology assistants can significantly contribute in the clinical psychology department, and (2) to design a method for determining ancillary personnel needs for administering, scoring, and interpreting the results of psychological tests in a hospital clinical psychology department and to determine the time psychologists save by transferring the testing function to ancillary personnel. This method was then applied in the clinical psychology department of Shands Teaching Hospital and Clinics in an attempt to create a more productive manpower system in this department.

Productivity is measured by the formula:

$$\frac{f_1 \text{ (quantity, quality of output)}}{f_2 \text{ (monetary cost, non-monetary cost of input)}}$$

If personnel costs (inputs) can be decreased while maintaining quantity and quality of test processing, an increase in productivity will result.

Background and Significance

(In her review of the literature, omitted here, Miss Brill makes the following points: That psychological assessment is needed by general medicine but is more available to psychiatric specialties. That prediction of the duration and outcome of psychiatric illness is an important problem.

The two "major situations" described above can result in demand for psychological testing.

That assessment has been and continues to be a major function of clinical psychology, because it is a way of providing data quickly and systematically. That the demand for testing is increasing faster than the rate of production of fully-trained clinical psychologists.
That psychologists have other demands on their time, causing assessment activities to be passed down to newer persons on the staff, with a consequent decline in the status of assessment.

That psychological technicians might be able to assume testing responsibilities and aid the professional as well as the patient.
That ancillary personnel might be used advantageously in tasks where the psychologist's education and experience are not imperative, and that hiring of ancillary personnel might reduce costs, and allow the psychologist to address himself to those tasks for which he is trained.
That various programs for training psychological technicians have been attempted.

That the manpower problems and solutions described above are relevant to rehabilitation centers as well as to hospitals and clinics.

The author concludes her review:)

It can be concluded, from this review of pertinent literature, that many clinical psychology departments in the health facilities in the United States are in agreement that the functioning of their departments can be enhanced through the aid of ancillary personnel. Programs are being initiated to meet this demand which seems to be expanding at an amazing rate. However, these departments seem to possess no objective basis for determining ancillary personnel needs. If a method could be designed to objectively determine ancillary personnel needs for administering, scoring, and interpreting psychological tests in a clinical psychology department, at least one major segment of ancillary personnel utilization would be delineated. The researcher hopes to achieve this end.

Although the proportions and types of tests given (i.e. demand for tests) in other hospitals will vary from that of the University of Florida Teaching Hospital, the researcher hopes that the method applied here may be generalized for use in other hospitals and rehabilitation centers to estimate ancillary personnel needs objectively and thereby to improve productivity in psychological departments.

Procedure

1. From the literature, from data previously collected in the Clinical Psychology Department of the University of Florida Teaching Hospital, and from interviews with the staff members on each service, those tasks which can be performed by ancillary personnel were determined. Only college graduates were considered for ancillary personnel although other institutions may choose to use lower level assistants which will further limit the tasks these ancillary personnel are capable of performing adequately.

2. A structured interview was held with the staff members on each of the seven service areas in the Clinical Psychology Department. Through these interviews, a clearer understanding of the psychological assistant, her duties, and her role in the Clinical Psychology Department were delineated. Estimates of time standards for clinical psychologists to process specific tests were noted.

3. Three one-week samples were selected to determine presently-met patient demand for psychological tests being administered for assessment at the University of Florida Hospital. These samples were analyzed to determine the service area initiating each request, the type of test administered, and patient variables (i.e. age, sex) important in defining the characteristics of the sample selected. Seven specific service areas were considered: Inpatient Psychiatry, Outpatient Psychiatry, Medicine and Surgery (Neuropsychology), Pediatrics, Child Psychiatry, Obstetrics and Gynecology, and Community Mental Health. Service areas requesting psychological testing and sample size will vary from institution to institution, but this step of the designed method should prove universally applicable.

4. Actual times for administering, scoring and interpreting the results of these tests were recorded for the sample mentioned in (3), and testing time standards for psychology assistants were determined. The time standard was defined as the mean of all actual times for each testing

process. Times for administering the specific tests were compared for various service areas and for specific variables by using the Student t-Test of statistical significance, and, if necessary, different standards were defined and used for each service area or for specific types of patients. Variability in total manpower needs was determined.

5. On the basis of standard times delineated in (2) and demand arrived at in (3), the time psychologists saved by transferring the testing function to ancillary personnel was determined.

6. With standard times for administering and grading determined, and with the knowledge of those tasks which ancillary personnel can perform, the number of psychological assistants who could be used in this capacity was calculated for present testing demand. Using the concept of standard deviation units and the measure of variability noted in (4), staffing requirements were predicted to assure meeting all but 5% of the present demand. (A one-to-one ratio between patient and tester was assumed in administering psychological tests except for those tests which are self-administering.)

Note: All steps in this procedure relate to application in the University of Florida Teaching Hospital and Clinics although it is assumed that the steps outlined will prove to be universal and easily implemented with minor modifications in other institutions as a method for determining ancillary personnel needs for processing psychological tests.

Results

The Clinical Psychology Department in the University of Florida Teaching Hospital and Clinics represents an atypical department when compared with clinical psychology departments in many other hospitals and rehabilitation centers and therefore, several factors require explanation before discussion of the results of this project.

The Department of Clinical Psychology, while providing services to both inpatients and outpatients, does not consider service as its primary goal. The department was instituted, and is today staffed, to function primarily in a teaching and research capacity. Therefore, a significant part of each psychologist's time is pent in training research, and consultation, and little time is spent in actual testing. At the time this project was carried out, the department included 11 interns and 15 practicum students, who in the process of learning, help to provide patient-care serivces. As these 26 people provide services at little cost, it was impossible to create a more productive manpower system within this department—i.e. to lower personnel costs while maintaining quantity and quality of test processing. In other clinical psychology departments, where psychologists are performing the testing function, the method designed here could prove useful in determining ancillary personnel needs for test processing and thereby creating a more productive manpower system. In this case, however, it was only possible to determine hypothetically the cost saving from transferring part of the testing function from psychologist to psychological assistant.

Second, the element of testing demand requires explanation. In a service department, the staff attempts to meet all possible service demands. In the Clinical Psychology Department, however, service is not the primary objective. In order to carry out the teaching function, it is important to select cases which provide varied learning experiences, and therefore, meeting all demands becomes secondary. Consequently, rather than determining demand as other clinical psychology departments would do in carrying out the designed method, it was necessary to alter this method by determining testing demand being currently met rather than the substantially greater potential demand which would ensue if the department were a service rather than a teaching center. The manpower system to meet this present level of demand rather than total (potential) demand was then determined. With these introductory remarks, it is now possible to begin explaining the results obtained from this study.

Duties Performed by Assistants

The first section of the procedure (Steps 1 and 2) was designed to orient the researcher and the reader to the various roles psychological assistants can play in a clinical psychology department. To achieve this goal, seven clinical psychologists, each representing a different service, were interviewed. Six had participated in a two-year psychological assistant project funded by the federal government during the period September, 1966, to June, 1968, and had supervised one of the psychological assistants during the study. A compilation of the data accumulated in interviews with these six supervisors is presented in chart form on the following 6 pages.

From these interviews, several observations can be made concerning psychological assistants at the University of Florida Teaching Hospital:

1. Psychological assistants can be trained to process most psychological tests. In this hospital, psychological assistants were trained to process all tests that were given at the time of this study. They became more quickly skilled at intelligence test processing, but, in time, some became quite proficient at personality test processing.

2. With practice, and with a psychologist's assistance, psychological assistants can write reports analyzing the results of the testing session. Some psychologists felt that certain personality test interpretation such as the Rorschach were better left to the psychologist for ethical reasons, but this was not a universal opinion.

3. Several functions were not performed by all psychological assistants. In most cases, this was the result of no need on a given service for that function or no time to train the assistant. In only an occasional case was the reason given to be an inability of the assistant to master the function. The reasons given for not performing a specific function fell into three categories:

   a. service not needed
   b. assistant believed not capable or not interested
   c. supervisor believed task not appropriate or not ethical.

PSYCHOLOGICAL ASSESSMENT

Test	Did Assistant Perform?			If not, Why not?	Assistant Performance			Psychologists' Typical Times (Minutes)
	#	Yes	No		Admin.	Score	Interpret	
Cognitive								
VAIS	A S I	3 3 3	3 3 3	Not needed (3)	4+*	4+	4+	mean = 65** range = 45
WISC	A S I	3 3 3	3 3 3	Not needed (3)	4+	4+	4+	mean = 45 range = 50
Stanford Binet	A S I	3 3 3	3 3 3	Not needed (3)	4+	4+	4+	mean = 65 range = 30
WPSI	A S I	3 3 3	3 3 3	Not needed (3)	4+	4+	4+	mean = 85 range = 10
Peabody	A S I	3 3 3	3 3 3	Not needed (3)	4+	4+	4+	mean = 30 range = 10
Leiter	A S I	3 3 2	3 3 4	Not needed (3) No time (1)	4+	4+	4+	mean = 75 range = 0

# A = Administer, S = Score, I = Interpret
Footnotes are at end of this table.

PSYCHOLOGICAL ASSESSMENT—Continued

Test	Did Assistant Perform?			If not, Why not?	Assistant Performance			Psychologists' Typical Times (Minutes)
	#	Yes	No		Admin.	Score	Interpret	
Block Rotation	A S I	1 1 1	5 5 5	Not needed (5)	4	4	4	mean = 40 range = 0
Concept Formation	A S I	2 2 2	4 4 4	Not needed (4)	4	4	4	mean = 60 range = 65
Bender-Gestalt	A S I	4 4 3	2 2 3	Not needed (2) No time (1)	4+	4+	4+	mean = 15 range = 5
13 Test Neuropsychology Battery	A S I	1 1 1	5 5 5	Not needed (5)	5	5	5	mean = 180 range = 0
Personality								
MMPI	A S I	4 4 4	2 2 2	Not needed (1) No time (1)	3+	3+	3	mean = 45 range = 45
Rorschach	A S I	4 2 2	2 4 4	Not needed (2) Not capable (1) Not ethical (1)	3	3	3-	mean = 125 range = 180
TAT	A S I	4 4 4	2 2 2	Not needed (2)	3+	3+	3+	mean = 85 range = 60
CAT	A S I	2 2 2	4 4 4	Not needed (4)	3+	3+	3+	mean = 100 range = 60
Drawings	A S I	4 3 3	2 3 3	Not needed (2) No time (1)	3+	3+	3+	mean = 30 range = 15

*These values represent the average level of performance attained for each function by psychology assistants after one year of training on a 5-point scale—5-as good as supervisor, 4-as good as intern, 3-as good as practicum student, 2-as good as secretary, 1-other.

**These values represent the mean and range quoted by the 6 psychologists. The mean for each test will later be used as a time standard for psychologists to process each test.

TREATMENT ACTIVITIES

	Did Assistant Perform?		If not, why not?	Assistant Performance
	Yes	No		
Recorder of Interactions*	3	3	Not needed (3)	4-
Cotherapist in group	2	4	Not needed (3) Not ethical (1)	3-
Cotherapist with Individual	2	4	Not needed (1) Not ethical (2) Not interested (1)	3-
Therapist of group	0	6	Not needed (4) Not capable (1) Not ethical (1)	-
Therapist of Individual	3	3	Not needed (2) Not ethical (1)	3
Community Consultation*	4	2	Not needed (2)	4-
Behavior Modification Team Member*	5	1	Not needed (1)	3
Obtaining History, Initial Interview*	5	1	Not needed (1)	3+

*Very important function.

RESEARCH ACTIVITIES

	Did Assistant Perform:		If not, why not?	Assistant Performance
	Yes	No		
Abstracting articles	6	0	-	4+
Sending for Reprints*	4	2	Performed by sec'y (2)	5-
Maintaining Research Reference File*	5	1	Not needed (1)	4+
Running subjects*	5	1	Not needed (1)	5-
Assembling research materials*	6	0	-	4+
Data analysis—scoring, recording	5	1	Not needed (1)	4
Charts	4	2	Not needed (1) Not capable (1)	3+
Computing center	4	2	Not needed (2)	5-
Calculating statistics	4	2	Not needed (2)	4-
Editing, proofreading*	6	0	-	5-
Research report writing	5	-1	Not appropriate (1)	4

*Very important function.

ADMINISTRATIVE ACTIVITIES

	Did Assistant Perform?		If not, why not?	Assistant Performance
	Yes	No		
Patient and room scheduling*	6	0	-	5
Obtaining, assembling, maintaining patient records and daily reports*	5	1	Not needed (1)	5
Communications with services, departments, other hospitals in community*	6	0	-	5
Arrangements for and helping at meetings*	6	0	-	5
Ordering supplies, tests, etc.*	5	1	Not needed (1)	5
Maintaining supply inventory*	5	1	Not needed (1)	5
Reviewing, editing, proofreading reports, papers, etc.*	6	0	-	5-
Orienting new members*	6	0	-	5

*Very important function.

TEACHING ACTIVITIES

	Did Assistant Perform?		If not, why not?	Assistant Performance
	Yes	No		
Give lectures	2	4	Not needed (2) Not capable (2)	4
Conduct seminars	1	5	Not needed (3) Not capable (2)	4
Helping develop curriculum	1	5	Not needed (3) Not capable (2)	4
Assemble teaching materials*	6	0	-	4+
Contact with students	6	0	-	4+
Orienting students Interpret, explain, before asking faculty*	6	0	-	5-
Representing staff Represent or speak for supervisor*	6	0	-	4+

*Very important function.

4. In most cases either the supervisor or the assistant with the help of the supervisor determined which tests should be given to the patient. In only routine cases did the psychological assistant decide this for himself.

5. Probably the most controversial function of the psychological assistant was that of treatment. Some of the psychologists felt this duty should be left to the psychologist for ethical reasons. However, the only treatment function not performed by any psychological assistant was that of therapist of a group.

6. Psychologists on the whole felt that the administrative duties of the assistant were invaluable and relieved the psychologist of much tedious and time-consuming "busywork."

7. All functions were taught to the psychological assistant the first year with obvious increased competence as the two-year period progressed.

8. All psychologists interviewed felt that the psychological assistant affected the activities on his service. The psychological assistant, being able to perform assessment, treatment, research, administrative, and teaching functions, alleviated the psychologist of many time-consuming tasks—allowing him to carry out more extensive and higher level research, teaching and counseling.

Based on the literature review and these interviews, it appears that the ability of the psychological assistant to perform assessment, treatment, teaching, research, and administrative functions and the level of competence she achieves is the product of two factors—her background (education, experience, personality) and the quality and length of in-service training provided.

At the University of Florida Teaching Hospital, in respect to background, all psychological assistants possessed the following qualifications:

1. College education with good academic record.

2. Graduate courses in psychology and/or specialized apprentice-like training by clinical psychologists in psychological testing, observation of behavior, various modes of psychological training, research, and statistics.

3. Two-year intensive exposure to clinical setting under faculty-level clinical psychologists.

4. Emotional warmth, sensitivity, ability to establish and maintain rapport with disturbed persons, objectivity, analytical ability, organizational ability.

In respect to training, the psychology assistant was taught through self, group, and supervisor instruction. Several methods of training were used: movies, developmental seminars, case conferences, workshops and conventions, visiting lecturers, medical center staff lecturers, university courses, and group-staff instruction sessions.

Determining Ancillary Personnel Needs

The second part of this study was proposed to design a method for determining ancillary personnel needs for administering, scoring, and interpreting the results of psychological tests in a hospital clinical psychology department and to determine the time psychologists might save or free for other duties by transferring all or part of the testing function to ancillary personnel. This method consists of the steps in the procedure of this study. The first two steps have already been discussed. The next step in this method was to determine presently met patient demand for all psychological tests being processed for assessment purposes at the hospital during the period October 21 to November 8, 1968. Three one-week samples were selected for this purpose. It must be emphasized that a larger sample would have been beneficial; however, time did not permit. Personnel recorded actual times for administering, scoring, and interpreting and recording the results of these tests. Only four services performed testing for assessment purposes at the hospital during the three-week sampling period. These were Inpatient Psychiatry, Outpatient Psychiatry, Pediatrics, and Neuropsychology. (Note: Psychological assistants are presently assigned to the latter two services.) This sample was analyzed to determine the service area initiating the request, the type of test(s) administered, and the person processing the test—intern, practicum student, graduate assistant, and psychological assistant. The sample size for weeks one, two and three was 43, 42, and 43, respectively—a total of 128 tests.

The total time required to administer six frequently used tests did not vary significantly with the age or sex of the patient, referring service, or tester. For purposes of this study it was assumed that this would hold true for all other tests in the sample, and one standard was therefore calculated for ancillary personnel to process each individual test. The standards defined as the mean of all actual times for each testing process, was calculated for all ancillary personnel to determine manpower requirements.

Using the standard times determined by interviewing the staff members, it was calculated that between 47 and 53 hours per week of the psychologist's time was saved by transferring the testing function to ancillary personnel (Staff $\overline{X} = 49$, S.D. = 3.5 hrs.). It took ancillary personnel 49 to 57 hours per week to perform the same amount of testing ($\overline{X} = 53$, S.D. = 4 hrs.). The difference between the ancillary manpower requirement mean of 53 hours per week and the mean of 49 hours per week for staff members does perhaps suggest that ancillary personnel are slightly slower at processing these tests, but, the mean times of staff and students did not differ significantly ($t = 1.3$). When considering the fact that a psychological assistant here earns an annual salary of about $6,000 to $6,500, the cost saving in transferring the testing function is evident. As an average of 49 hours per week of testing (based on psychologist's standards) is being done by ancillary personnel in four service areas, we can further assume that this transfer frees over one-fourth of four psychologists' time for other purposes. If the clinical psychology department wishes to staff all but 5% of presently met demand, it must meet 1.65 standard deviation units or 60 hours of testing demand. Considering slack time and time the psychological assistant can spend on other activities, this would probably best be met by hiring two full-time psychological assistants.

It must be reemphasized that although I have attempted to measure testing demand, and have staffed to meet this demand, that assessment is only one function of the psychological assistant which varies in importance from service to service, and does not necessarily head the list. Also important are treatment, administrative and research duties. If one were actually hiring psychological assistants, the importance of these duties and the time the assistant would spend on these would also require estimation. In this way only, could an accurate estimate of ancillary personnel needs be delineated. This study only attempted to develop a method for measuring ancillary personnel needs for test processing. Further research is necessary into the other psychological assistant's duties.

A few concluding statements are necessary in reference to the method I have designed for determining ancillary personnel needs for processing psychological tests. This method is composed of the steps in the procedure of this paper. An institution may either use the information accumulated concerning (1) tasks ancillary personnel can perform, (2) specific tests ancillary personnel can process, and (3) standard times for psychologists and ancillary personnel to process individual tests, or the institution may wish to accumulate these data for itself. It must be emphasized that the data in this paper relate to the University of Florida Teaching Hospital and Clinics and to the psychological assistant project carried out in this institution. Standard times and psychological assistant ability may not be applicable to other institutions. A method similar to that delineated in this study may be used to determine testing demand, although service areas will, of course, vary. Also, other institutions may wish to vary the percent of testing demand to be met. It is suggested that other institutions wishing to carry out this method attempt to accumulate a larger sample to determine actual demand and to determine actual processing times for deriving standards.

Summary and Conclusions

The purpose of the study was twofold: (1) To determine the areas and activities where psychological assistants can significantly contribute in the clinical psychology department of a teaching hospital, and (2) To design a method for determining ancillary personnel needs for processing psychological tests in the clinical psychology department of a teaching hospital.

The procedures followed were:

1. Through reading and interviewing, those functions which psychological assistants can perform were determined. Specific tests which assistants can process and typical times for psychologists to process individual tests were delineated.

2. Three one-week samples were selected to determine testing demand. Actual times for processing tests for this three week period were recorded.

3. Using the actual times, standards were set for ancillary personnel to process specific tests and the standards were validated by using the Student t-Test of significance.

4. Typical times determined from interviewing were used to set standards for psychologists to process specific tests.

5. Testing demand calculated in (3) and standards set in (4) were used to determine total ancillary manpower requirements and the time psychologists save by transferring the testing function to ancillary personnel. Staffing to meet all but 5% of possible demand was derived.

The results are as follows:

1. Psychological assistants were found to contribute significantly in the areas of assessment, research, administration, and treatment. The level each psychological assistant attained was a product of his background (education, experience, and personality) and the in-service training provided.

2. No significant differences in actual testing time were found between the means of the following groups of data: intern vs. psychological assistant tester, practicum vs. psychological assistant tester, men vs. women patients, children vs. adult patients, and outpatient psychiatry vs. inpatient psychiatry patients.

3. Standard times for processing commonly used psychological tests were determined for ancillary personnel from actual time data, and for psychologists from estimates obtained during interviews. Ancillary times tended to be longer than psychologist's estimates, but not significantly so.

4. Ancillary personnel saved four psychologists an average of 49 hours per week by performing the testing function.

5. To meet all but 5% of present testing demand, two full-time psychological assistants would be needed.

6. The method designed for determining ancillary personnel needs is composed of the procedure utilized in this project and can be implemented by other institutions with only minor modifications.

Conclusions

1. Psychological assistants can perform a valuable function in the clinical psychology department of a teaching hospital. They are able to perform assessment, administrative, research, and treatment functions at varying levels of competence. The level each can attain is a product of his background (education, experience, personality) and the in-service training provided.

2. It is possible to design a method for determining ancillary personnel needs for processing psychological tests in a clinical psychology department. It is assumed that this method can be easily implemented, with only minor adjustments, in any clinical psychology department wishing to hire psychological assistants.

3. By transferring testing and other job functions of the psychologist to psychological assistants, productivity can be increased both for the psychologist and for the clinical psychology department as a whole.

4. Further research is necessary to determine the validity of the testing time standards determined in this project.

5. Further research is necessary to determine possible variables significant in determining standard times for test processing—i.e. age and sex of patient, referring service area, experience and education of tester. Although the t-tests performed in this project resulted in no significant differences between the mean times for these variables, it is hypothesized that this result would not prove accurate if further research was made into this area using larger sample sizes or a larger number of samples.

The View from Within

The three foregoing reports complete the formal evaluation of the project by outside evaluators. The following sections are designed to supplement the formal evaluations (and the data on the accomplishments of the project given in PART V) by giving the participants a chance to speak for themselves, and by reporting comments made to us by "outsiders" as we presented our program to them during the two years.

At the end of the project in May and June, 1968, the coordinator asked the staff, the assistants, and the graduate students, to record any comments they would like to make for the final report. There were two ways in which this could be done. A list of "questions frequently asked" was given all participants. They could answer any or all of these, or they could write a statement to appear under their own name, dealing with any issues they deemed appropriate.

We shall present below the individual statements that were presented, and will follow these with a review of the answers to the questions. In some cases, answers to questions found in the coordinator's notes or in earlier reports will be incorporated. Throughout this final report, many quotations from the participants have been used. The purpose of the following sections, mostly the words of the participants, is to convey to the reader a sense of the attitudes, convictions, enthusiasms and disenchantments, of those associated with the project. We hope our sharing so directly will help those planning other programs to be more prepared than we were for the range of opinions generated by the training program.

Views of the Assistants

Five of the assistants wrote overall evaluations of the program and all contributed answers to various questions. The first report is the joint effort of two assistants.

Evaluation of the Project by Mary Ann L. Cruse and Shirley H. Querry

This paper represents the personal views of two psychological assistants who participated in the University of Florida Training Program about the nature of the job itself and the effectiveness of on-the-job training with suggestions for future training programs. At present both of us are employed by the Department of Clinical Psychology, one in the Neuropsychological Laboratory and the other on the Pediatrics Service. Although we work in different settings and with different types of patients, both of us are involved in diagnostic evaluation, in the research projects of our supervisors, and with the administrative procedures of the hospital as they are relevant to our service.

Trainees for the program were college graduates whose final grade average was sufficient for acceptance into graduate school, but who were, at the time of the program, interested in a job which would be satisfying as a career, yet not require further academic work. We personally feel that this selection procedure, while eliminating some candidates rather arbitrarily, did imply that the trainees had a certain level of intelligence and/or stamina which was of value in all areas of the job, including acceptance by the staff, aiding in the performance of administrative and organizational duties, and in the ability to assimilate large amounts of material with somewhat limited instruction.

Training took place on the job, with major emphasis on developing clinical skills, practical research skills, and in formulating and carrying out administrative and organizational procedures to enable the department to function and perform services more smoothly and efficiently. In addition, "courses" were taught in many areas, based on the projected needs of someone working in the area of psychology who was unfamiliar with the field.

There was a wide range of staff opinion as to what kind of jobs the assistants were most capable of handling. This resulted, in some cases, in a heavy emphasis on rote tasks such as recording and gathering of data for research, but at the completion of the program, no assistant was without basic testing and interviewing skills. It is our feeling that the best way to become proficient in these skills is through actually doing the tasks under supervision, working with a wide variety of clients. This program provided the opportunity for this idea to be put into practice, we feel with good results.

The question of how we would change the program if we could, has arisen many times. Based on our experience, we would like to see the following modifications:

1. Establish an explicit job description, so that the prospective trainees could make a realistic decision about whether they will be comfortable with the job. This description should cover such points as the specific training in which each assistant will be expected to participate; whether the trainee will have a psychological evaluation, and if so, what it will consist of and at what point it will be administered; and what sort of duties most assistants will perform.

Although we recognize that a certain amount of vagueness is part and parcel of a pilot program, we often found it to be disconcerting and feel that it should be eliminated as much as possible. The emphasis in our job description on the challenges and opportunities for personal growth experiences was often in direct conflict with the actual job, and required adjustments to a reality that was not as rewarding to some trainees, possibly resulting in a higher percentage of people who did not continue with the job as a profession.

It was indicated that some psychological evaluation of the trainees would be done as a part of the research aspects of the program. However, decisions regarding the timing, manner, type and extent of the evaluations remained unclear, investing the procedure with more threat than it really should have had.

In general, we feel that the description should be more job-oriented, with less emphasis on the personal and psychological aspects of the working situation, to close the gap as much as possible between expectation and reality.

2. The initial basic course work should be presented in a 3 - 6 month block, stressing the practical and immediately job applicable, such as terminology, behavioral observation, simple statistics, testing techniques and interviewing skills. This should be done for one half-day, with the other half-day being spent on an assigned service, putting into practice, as much as possible, the new skills learned in class. The assumption of administrative duties should be held to a minimum until completion of the basic course training.

These courses should be well-structured and sequenced to assist those totally unfamiliar with psychology to "catch up" with those trainees who have more sophistication. Examinations, to be used as feedback for the trainees and to establish a satisfactory level of competence, could be held at the completion of each segment of course work. The initial training should be followed by higher level course work stressing such things as an overview of the history of psychology, personality theory, theories of development, etc. which could be covered in the following six months, at the rate of one half-day per week, with the balance of the assistant's time being spent on her assigned service, refining her clinical skills.

Since this type of program had never been actually carried out before at this institution, some of the "courses" were not oriented to the needs of our situation. Adjustments had to be made when it became obvious how totally psychologically unsophisticated most of the trainees were. In general, we feel that the courses were most successful when they were aimed at teaching the practical skills necessary for performance of the job, and less successful when they were purely theoretical or assumed psychological background on the part of the trainees. For example, Freudian theory was presented before all of us understood the behaviors which would lead to the use of such terms as "anxious" or "dependent" in describing a person. When everyone was really grounded in the terminology, discussion of Freud's theories was much more interesting and meaningful.

3. If sensitivity training is to be included in the overall program, it should be explained fully beforehand, and should not be undertaken until after the trainees have completed the basic course work and are more familiar and comfortable with psychological terminology and orientation. We feel that "T" Group had value primarily for meaningful illustration of group process, but conducting it before the assistants were secure in their positions, and able to participate easily and fully, inhibited much of its potential benefit.

We have omitted reference to specific on-the-job training of the psychological assistant to act as co-therapists or counselors, as part of the general program. Since therapy is such an individualized process, we feel that the decision to utilize an assistant in a therapeutic capacity rests with the supervising psychologist, and will therefore be based on his own needs, his own perception of therapy, and his estimate of the assistant's capabilities. The assistant should be informed of this during her training so that she will not assume that being involved in the therapeutic process is a guaranteed part of the job.

As a result of the prospective assistant's having completed a training program such as described above, the hiring psychologist will be able to assume that she has been trained in testing, behavioral observation, simple statistics, is oriented to service organization and procedures, and is familiar, through course work, with theories of personality and methods of treatment. Due to her training assignment her skills in some areas will be more developed than in others. The ultimate scope and range of her duties will be both determined and limited by the interests and activities of her supervisor. The value of a training program, as opposed to individualized instruction, is that it insures an acceptable level of competence over a broad range of knowledge and skills, insuring job mobility for the assistant and immediate usefulness to the psychologist who hires her.

In summation, we feel that the University of Florida Training Program effectively demonstrated that psychological assistants can be adequately trained on the job and that this type of training is a practical, less time consuming method of providing manpower needed to help meet today's increasing demand for psychological services. It had additional value in making available a new profession for people whose previous range of choice was limited, due to the nature of their degree, and/or their immediate need for a paying job as opposed to further academic work.

Our job, as any other, has some days spent in "marking time" and others filled with moments of great satisfaction and sense of accomplishment. Satisfaction at first consisted of learning tests and theories, now it comes from effectively putting our knowledge into practice. The job grows as your level of competence does, and a change in routine is likely, particularly when your supervisor is interested in a multitude of things. Even if the basic job does not change, working with people continually presents you with the new and different, due to the variety of circumstances associated with each case. If you tend to stereotype, patients themselves force you out of it. And although you become intimately involved with the problems and life situation of a patient, the job is such that you are never the one with total responsibility either for diagnosis or plan of treatment for any case, which makes it easier to have a full family life in addition to a career. In general, we both feel that this job is more desirable and satisfying than any other we have had.

Evaluation of the Project by Gwenn Carole S. Martin

On the whole, I feel the program was successful. All seven of us are now capable of assisting a clinical psychologist in significant ways. We hold a common core of knowledge and ability; e.g., testing, running interference. In addition, each of us has individual areas of expertise, according to our own service and/or interests.

The program could have been run more efficiently especially in terms of formal training. This has been a part of the experiment from which we can learn much for future programs. My preference would have been to spend only half days on our services during the first three months, when we were least productive there anyway. The other half could have been spent in fairly intensive faculty-taught seminars in psychopathology, human development, and an introduction to the major psychological theories. Time could have been set aside for required reading. This would have given us a foundation and a perspective from which to work; instead we floundered around, picking up bits and pieces of information which we much later found a place for in the scheme of things.

From my personal point of view these two years have been successful in other ways. I had just graduated from college with a B.A. in English and four years of experience as a poorly-paid secretary. I was not ready to go to graduate school, partly because my motivation is toward making a good home for my husband and becoming a good mother, and partly because I didn't know what area of study I wanted to pursue in graduate school. My interest was moving toward psychology and I wanted to work with children—when I was offered this job I couldn't have asked for anything better! My interests have jelled, and if I should go to graduate school it would probably be in psychology. If I don't, I consider being a psychological assistant in a children's setting a satisfactory career possibility when I wish to return to work.

However, even if the program as a whole or as a career possibility for me had been a failure, I should still count the past two years profitable in terms of my personal growth. This is a result of many factors, but two stand out: the need for increased insight into one's own behavior in a psychological setting, and the encouragement and support of many people with whom I worked. I have made great changes as a person and have become a more mature, fulfilled individual. If the program had done nothing else for me, this would have been enough.

Evaluation of the Project by Jean Pennington McGee

I feel that I have learned a great deal, have developed skills, and, more importantly, that I have grown as an individual. When I meet people that I have not seen for quite awhile, they often comment "You are so different"! They mention the fact that I appear more secure as a person and far less defensive than I used to be, I feel as if I am much more sensitive than I used to be, which amuses me as I used to think I had all the sensitivity one could have.

I stayed in the program because I found it a rewarding experience and will remain in the field for the same reason. I enjoy the work, more importantly this type of work where you are constantly learning and growing; I think this will be true regardless of the length of time I might work in this field.

There are a few negative thoughts that I have regarding the program. First of all, I feel there would have been much less tension between the assistants and the interns if the interns had had more initial orientation to the program. They didn't know what role we were to perform and we weren't sure either at that stage. Several times interns attempted to use me as either a personal servant or secretary, at times asking me to do work they felt was boring (such as scoring a Binet for them).

Also, I feel that our classes could have had more structure and certainly more content. I feel we were capable of learning more than we were given a chance to do.

Now that the program is over, I can comment on the difference between being in the program and being on a job. The main difference is that the work I am doing requires all my time, and my supervisor is less willing to allow me freedom to engage in activities such as group therapy, evaluation, case conferences, workshops, etc. which would take me away from the job for a period of time. My work now is not so stimulating as I would like but it is a necessary part of the project we are doing. It is my sincere hope that I will be able to utilize some of my other skills as we get deeper into the grant. In the meantime, I read journals avidly as that is a way of keeping up with the field. In this respect, my training hasn't ended.

Regarding placement, I can say that in my many interviews during job-hunting, what I had to offer as a result of my training in the program was desired; however, lack of funds in the various agencies prevented working out employment as both sides wished.

Evaluation of the Project by Penelope Corey Price

I took the job of a Psychological Assistant because it sounded like a challenging job—which it has been all along. At times I was fed up with the administrative work, a necessary evil. Now I am interested in Psychology, and in the job of an assistant if it will continue to be a challenge and a meaningful job to me. It will be interesting to see if I can work in a different setting, and to be able to use my language skills.

While the other two assistants, Catherine B. Thomas and Sue Ann Lehrke did not write formal evaluations, their suggestions about assistant training are incorporated in a paper they presented to the Florida Psychological Association in May, 1968. This paper appears in Appendix A of this report, pages 37-41. Both these young women are now back in graduate school, convinced that the structure of psychology at present is such that they could not achieve their own goals as an assistant. Both found the individualized apprenticeship training of this program an enriching experience, and it is doubtful, from their reports, if either would have entered any of the three formal programs they describe in their paper. As one said, "We wrote the paper to try to get the profession to stop talking and do something. We described what we think the profession needs long-range, nation-wide. It will also help get job protection for the assistants. For myself, I'd hate to be in it. It would hold me back."

The Assistants' View of Psychologists

The following views of psychologists are from the early months of the project: "Although psychologists technically speak English, they really have a language all their own." (One month)

"Everyone here thinks differently from the outside world. People here get in deeper with other people. Relationships are more analytical, not so superficial." (One month)

"I am very happy to be with well-educated and thinking people. It makes for great stimulation and challenge of the mind." (One month)

"I really didn't know much about psychologists—I just knew it was a profession that I didn't know anything about. I thought they were experimenting with people and I didn't like that very much. I was very skeptical about them. I thought they were interpreting everything I said and I was hoping they would take me more at face value rather than finding all the hidden meanings behind everything that I said. I was being very open with them and as I say I was skeptical about them. I felt they were trying to put me in a niche and I didn't like that at all. Now I understand them a bit more. I realize they are human just like everyone else and I can learn from them. I've gotten to the position where I can see some of them are wrong many times and at least I'm having some insight into what is going on; they are not all perfect and I seem to have a better relationship with them." (3 months)

"I think psychologists are regular people and I don't feel they are extraordinary in the relationships I have with them. They are unique; each one is different; each one is a person whom I enjoy knowing." (3 months)

"I thought psychologists were O.K. (i.e. nice) and I still think so." (3 months)

"When I applied for the program I felt very uncomfortable about people who were psychologists—the association being that they were constantly examining your every utterance for its deep underlying meaning. Reassuringly, I have not been aware of this happening to me in any great degree. I guess I also had some cynical ideas about the practical applicability of their (now, to some extent 'our' theories." (3 months)

"Having worked with psychologists before, I had a pretty good idea as to what they were like. I found one facet that I really didn't expect—frequently psychologists can be carried away with their clinical attitudes and their professional jargon and carry these into situations which do not demand them. I feel as if psychologists are always pleased when they can identify a person's particular stress by saying 'Look, you're being threatened.' or 'Stop being so defensive.' It seems to make them more comfortable in their interpersonal relationships." (3 months)

"I thought that psychologists were just like everybody else and they were all different. That's what I still think they're like. I didn't realize that they're very observant people, or if they are not observant, they try hard to be, try very hard to be more sensitive than most people. I think that they tend to get more intense in their personal relationships than most people do. At first it made me a little bit uneasy but now I'm pretty used to it." (3 months)

"In the beginning I thought 'Talk is easy—what are you going to *do*. Now I know talk isn't easy. I still like the doing approach for myself." (10 months)

"I thought that psychologists were different somehow—had feelings of omnipotence maybe." (10 months)

"I thought psychologists were cold. Now I think they are just like everybody else." (10 months)

"Psychologists are not prone to apply their training to themselves but this does not reflect on what they are able to do for others." (10 months)

"When you all *know* so much, why don't you *do* better"? (18 months)

The Assistants Views of Psychology

As the program went along, and particularly after the assistants became aware of doubts in the profession about acceptance of non-professionals, the assistants had some sharp comments about psychology as a profession.

"What does it mean if you have a bachelor's in business—it means a lot. In any other area, like the humanities, it means nothing. But in psychology, you're absolutely nothing."

The following comment came after the project was described at the Florida Psychological Association meeting: "After the meeting I asked a psychologist why he was so against our program. He said 'Well, I don't think we have much to offer you, we're offering you watered down water. All Ph.D. degrees are so bad that I think we should put all our energy into them.'"

"Some of these people are unbelievable politically naive. I can see why they want to stand back and say 'we're only interested in helping people. Low politics is not for us'! But they've got legislation problems where they are being cut out of things, areas of interest are being tightened and they can't do this and they can't use that, things they have done in the past successfully. Psychologists are resisting very passively, but very effectively, any attempt to get an ear to the ground up in the capital. As long as they continue that way, all of a sudden they're going to find themselves out in the cold without very much influence, and then they are going to say 'How did I get here? How could the people be so blind as not to see my worth'? They're not even taking an interest in what's going on that affects them directly. I was really shocked."

It can be remembered that the above quotations came at a time when the assistants were very much identified with psychology, and their complaints had the fervor of criticisms of the unwanted child within the family.

The Assistants' View of Themselves

The outside evaluators asked the assistants how they perceived themselves as changing as a result of the program. In their reports during the project the assistants had answered the same question. Despite some caveats, especially from the younger assistants, that changes might be due to maturation, not learning, the following quotations give a sense of the changes as the assistants perceived them.

"I know now when I'm likely to be irritable and I sit on myself—I don't just feel and react."

"I'm more tolerant of my children."

"I make myself known as an individual. I've learned to speak up and clue somebody into what's happening."

"I have more self-confidence. I'm not afraid of being wrong."

"Now I tolerate things out of consideration for people. Before I would have gone off and mouthed off about them."

"I learned that people are the most important thing. I'm more tolerant. People act the best they can from where they are, for the shape they are in. There's no absolute criterion."

"I was too idealistic. I thought everything was either right or wrong, and if it was right, it should be done. Now I know expediency has a part. There are reasons other than personal comfort why something may be ignored."

"I discovered that because I have built a relationship unsatisfactorily, it doesn't have to stay that way forever. One of the psychologists told me if I changed in relation to another person, I could be amazed what would happen. I might never have found this out."

"I reevaluated my religious beliefs. I was taught 'Don't hate.' Psychologists talk about control of anger, that you can be honest. I have been struggling with definitions of anger, of love, and of perfection. My faith is more deeply grounded now."

"I don't like to look at things psychologically so much. I used to look in the Gray book and put labels on people. Now I just try to understand."

"My husband says I'm not so surprised with life, not so nervous, more sure of myself, more relaxed and capable. I feel less of a participant in a million things; I can be an observer, though still involved."

"My sister says I'm more realistic and tolerant. My husband says I'm more difficult and stubborn."

"I have a clearer idea of what it is to be normal, to be coping. I have a less romantic view of the world; I'm less defensive and more sensitive. I understand neurosis better and the neurotic side of myself."

"I used to want everyone to like me. I would be a martyr so people would like me."

"I have become comfortable talking with my supervisor. I will say what I am thinking. I would never have done that before."

Most of the above quotations are from the end of the project. The changes, however, began early. Here are the changes reported in the three-months report:

"I feel I am growing." "I notice I hear more things." "I'm more realistic and honest about myself and others. I'm learning to see people as they really are." "I have more confidence in myself. I'm not so optimistic and naive." "I have more organized introspection—a better understanding of others."

"I'm more at ease—more willing to try new activities. I take more initiative." "I'm learning to control impulses and frustrations when people aren't ready to see what is so obvious. "I'm not afriad of emotionally disturbed people any more. They're not so different." "I operate more at an emotional level. It is frightening but good—more honest." "At first I always took the patient's side. Now I see more what you are doing." "I'm going somewhere"!

Some assistants saw great changes in themselves, while others perceived little difference, yet throughout the program all commented spontaneously on a sense of becoming more mature, more realistic, more open and more sensitive in interpersonal relationships. To us who watched them, the assistants showed an increasing comfortable assurance and self-confidence.

Early Views of Emotional Disturbance

The following quotations from the three-month report show that the assistants had the typical stereotypes of the emotionally disturbed found in beginning psychology students (and the lay public). "I thought they were hopeless; now I know improvement is possible." "I thought they weren't human, always out of their heads, weak. None of these are true." "Emotionally disturbed souls are not much different than I thought, but maybe a few more cases are included than I would have expected." "I thought people were completely tied up within themselves and out of touch with the rest of us. Now I don't know what I think, but I have some appreciation of ideas of degree, of stress, defenses, etc."

Early Views of Psychotherapy

Again, from the three-months report:

"The patient lay on the couch and the object was to discover the reason for their illness." "Lying on the couch and telling all. Now I realize it includes a great deal more than psychoanalysis and recognize such terms as supportive therapy, crisis intervention, behavior modification, operant conditioning, motoric therapy, etc." "It's harder to do than I thought." "I had no idea the nondirective approach was so nondirective—I can't even see the direction sometimes."

Later in the project, after some of the assistants reported frustrations at not becoming more actively involved in psychotherapy, we heard comments such as "Psychotherapy is something professional psychologists don't want other people to do. You must call it 'counseling' or 'behavior modification' if you want a chance at it." To a profession still having its battles, with some psychologists fighting psychiatry for the privilege of doing psychotherapy, and other psychologists stating that a psychologist's time was too valuable to be wasted in psychotherapy, the assistants' complaints had an all too familiar ring.

The above perceptions are recorded, as a reminder to others planning programs of non-professionals. It will be remembered that the assistants were all college graduates with good academic records. The beliefs with which they entered the program dramatize the fact that there is indeed a difference between intelligence and information! The attitudes found in our students may occur to an even greater degree in other non-professional groups, selecting from a population with less education.

Other assistant views will be quoted later during consideration of the Questions Frequently Asked.

Views of the Clinical Psychology Faculty

Six of the psychologists who had assistants wrote statements for the Final Report. These are given below. In addition, a seventh psychologist who left the university before the program ended is included; her views at two different points in the project showed a marked change.

Evaluation of the Project by Hugh C. Davis, Jr.

The assistant program appears a success, both in looking back and while in process. While a considerable investment of energy went into the training, the assistant, even from the outset, tended to reinvest that effort back into the work setting, first as a "learner-doer," and subsequently as an "actor-reporter."

While the assistants varied about the normative role definition of a technician, each probably showed a differential ability to become a responsible critic of the clinical setting and its operation. This quasi-peer role I found quite valuable where role operations overlap in an interdisciplinary clinical setting, as is Outpatient Psychiatry in our Health Center. The ability of the assistant to facilitate and transmit substantive patient data (in contrast to an executive secretary) was a vital function in our interdisciplinary setting.

I see many reasons why properly selected and trained assistants are to be sought and utilized in service, training, and research activities of clinical psychologists. It is the outcome of this larger project which sets forth such reasons.

Evaluation of the Project by Jacquelin R. Goldman

As far as the training program is concerned, I believe it was adequate but may be improved on the basis of the experience we have gained. For example, on the job training should be more flexible and less group oriented than this group had. Our model was too much like that for graduate students with classes and group presentation of material. Granted there should be some class sessions, particularly on professional ethics and general topics of this sort, but by comparison, statistics might more profitably be taught as they are employed in ongoing research.

I think the training program depends upon having bright, interested people more than it depends upon having particular backgrounds. I was very satisfied having a history and language student as my assistant. Her interest and intelligence were fresh and nonjargonese contaminated.

I do not feel that these people should be subjected to invasion of privacy or scrutiny of their personal lives any more than any other employee. Selection should be on the basis of mutual agreement and there should be a probationary period during which the relationship is given a chance to develop. If it does, fine. If not, fine. Job performance and mutual satisfaction should be the criteria for continuation, but not psychological assessment of the personality of the individual in terms of psychopathology.

Hopefully psychologists are creative enough that no standardized job description can be written once and for all. I believe people who are curious and creative make their own job descriptions. What we are asking for is people who want to join this kind of endeavor, who are bright, curious, interested, and flexible, as well as personally cpmatible. I do not feel that their need for content material should be minimized but rather that it should be a professional psychologist's responsibility to insure that adequate preparation is provided, as he would with regard to students or any others within his professional areas of responsibility.

Evaluation of the Project by Anne-Lise Lafferty

Dr. Lafferty left the university before the end of the project. The following are from interview notes of the coordinator at two points in time, December, 1966, when assistants had been in the department three months, and April, 1968, two months before the project ended.

At the initial interview, Dr. Lafferty had recently joined the department, knew the assistant she was later to inherit but had not begun to supervise her.

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Her initial information about the project was from the department head, who gave her to understand that we had hired "bright college people to help with the drudgery work, leg work, clinical activities and testing." As she perceived the assistants at that point, they were a burden rather than a help. She could see "a tremendous area for them to help, scheduling, books, references, etc." She felt two factors would be critical in the success of such programs as this: selection, and how responsible the psychologists would be in teaching the assistant.

She approved of teaching the assistants intelligence testing, but said "projectives will be impossible. You need to have experts to do this. It wouldn't damage the patient, but what would the testing mean in such unskilled hands? This is the area I feel strongest about. I'd feel better teaching them therapy."

As she viewed the program, Dr. Lafferty saw teaching assistants as hard and time-consuming. Yet she admitted that there exist "naturals" who can, for example, be put in with an autistic child and do a lot of good." The danger, she felt, was that overworked staff members would push assistants into areas where they were not yet ready.

At the time of the interview, she had met the assistants for several orientation teaching sessions and enjoyed their enthusiasm to learn and active questioning. They seemed less defensive about their ignorance than graduate students.

In observing the assistants with graduate students, she had noted that the interns found it helpful, in their insecurity, to have someone to boss around and to teach. Role tensions had been less than she expected because "the assistants are pretty good and the students liked to have someone lower."

She had observed the assistant going to case conferences which are "way over her head. What does she get out of it, and what does it do to her? Are we traumatizing them"?

Watching the assistants had caused her to think about the future of psychology, of clinical psychology in particular, and to reassess the role of non-professionals; she considered fears that assistants might try to assume professional status separate from the assistant role, and was reassessing the professional responsibility of psychologists in relation to non-professionals in general.

In summary, Dr. Lafferty had observed the effects of the early months of the programs, with sensitive awareness of what it meant to the faculty, the students, the assistants, and the profession of psychology. She had grave doubts about whether her colleagues would be responsible, and whether the assistants were being traumatized or pushed beyond their capabilities.

Before leaving the university, sixteen months later, Dr. Lafferty described her relationship with her assistant as follows:

The most important thing is for the supervisor and assistant to get to know each other—needs, habits, and anxiety level. When I got nervous, she made it structured. When I was calm, she brought out all the complications. The confidence we had in each other made the care of a complex department so easy. She became my official representative, knew my point of view. She learned when to ask—she wasn't clingy, but wasn't power-mad either.

Dr. Lafferty discussed her philosophy of teaching. "If you have genuine faith in people, the sky is the limit. Let them do things, encourage them and be there when they need you. Have confidence in their judgment, good sense and loyalty. When a person is bright, you can't treat her like a secretary. When the dull jobs come along, you take turns, share the boring jobs."

Learning must be meaningful. Assistants will learn when they have the problem. Then they will absorb knowledge like a sponge. The main learning is in the inservice training, from what they do. And what you have them read and discuss.

It is exciting to train non-professionals. I wouldn't have known how possible it is without this experience. I can't imagine ever running a psychology service without an assistant. They are technicians, not like the Ph.D. an academician, but they are an important part of psychology in their own way.

Evaluation of the Project by Mary H. McCaulley

The following evaluation of the psychological assistant program is written from two viewpoints, that of a psychologist to whom an assistant was assigned, and that of a psychologist serving as coordinator of the project.

Having been actively involved in job evaluation programs in the business world for a number of years before coming to academia, I was perhaps more aware than most psychologists of the extreme range of skill levels encompassed in a psychologist's activities, and of the possibility that some of these could readily be delegated.

In four academic settings I had observed, it was rare to see psychologists delegate activities of any responsibility to the secretaries or clerks in the department. Indeed, women called "secretaries" typically functioned as only stenographers or typist-clerks; rarely did they see themselves as partners in an important endeavor who actively arranged the work of the present with an eye to the future, who were alert to changing needs and who modified or instituted procedures to take an administrative load from the superior. Indeed, these "secretaries" were seldom even experts in their trade in matters of typing, spelling, puncturation, and none were thoroughly conversant with standards of the APA Publication Manual. Although complaint about secretaries was common, seldom did I see psychologists actively training or encouraging secretaries to take on more responsibilities. On the contrary, many psychologists took pride in being unstructured, flexible, and removed from the mundane details of department operations. Having experienced many complaints about the secretarial shortage in industry, I at first attributed the situation in academia as a reflection of low salary scales, but gradually came to see it also as a part of the culture of academia, or perhaps of psychologists. By the time this project began, however, I had become so acculturated that I expected to spend much of my time making telephone calls, tracking down references, finding out what went wrong with patient appointments, and typing material myself so that it would be in proper format for the secretary to copy. I learned to expect that needed supplies would not be in the cabinet, that tests would not be ordered, and that tape recorders would be non-functional. Like my colleagues, I responded to the situation, not by working with the secretaries, but by complaining and by an increase in hoarding behavior.

The psychological assistant project brought me not only an assistant but also a secretary. Under the terms of the contract, a secretary was employed with the correct expectation that more typing would result from increased clinical work done by the assistants. Because of the space problem, the secretary was not in the office with the two other secretaries, but instead occupied the "Psych Assistant Room where my assistant also worked. As a result, the secretary saw herself and was seen as my secretary. She took on the administrative activities connected with the project, ordering supplies paid by the contract, keeping payroll records of the assistants, and preparing background analyses for the reports. Further, she participated in literature search and data analysis on other projects, and became responsible for the research data retrieval files. Later secretaries were not able to carry the responsibilities of the first, but the experience convinced me that good secretarial help can of itself notably increase the productivity of a psychologist.

As a result of the secretary's presence, many of the administrative tasks performed by other assistants did not have to be performed by mine. The assistant became not only a valuable helper but a colleague. Our discussions of ongoing research and her perceptive additions to the projects were to me among the most valuable aspects of the program. As she became thoroughly conversant with my different professional commitments, she was able to stand in for me and to carry forward projects in innumerable ways which were never so appreciated as when her departure at the end of the program made it necessary to curtail, delay or discontinue the activities we had developed.

The psychological assistant program, thus, provided me with two "assistants" who were exceedingly useful at different levels.

Regarding the role of coordinator in the present project, it is clear from the entire report that there were many diverse goals and attitudes constantly to be reconciled. Two faculty decisions taken early in the project, one, to use apprentice training primarily, and the other, to discontinue the planned periodic testing of the assistants, greatly influenced the role of the coordinator. From that point, I chose to become primarily an observer of the process, although from time to time I did actively initiate and implement projects in group training. The study became seven replications of the same experiment; later attempts to find common quantitative measures of different aspects of the project were fruitless. Therefore, this report, ridiculously long for a description of what happened to only sixteen people, seven assistants and the nine psychologists they worked for, is concerned primarily with process and issues. Definitive answers we did not find, but I doubt that there are many issues which we did not grapple with at one stage or another.

Among the pleasures of the project were the candidness and openness with which the assistants shared their experiences. Their directness and responsible concern for the "guinea pig role" were a constant source of ideas—many of the most rewarding learning experiences grew out of their suggestions.

The diversity of opinions among staff, assistants, and students, and the conflicting goals of the project, made the project sometimes an exciting challenge, and sometimes a burden to the coordinator, who often wished she had been more compulsive and less tolerant of ambiguity, more assertive and less perfectionistic, more cogent in describing needs and issues of the program, and less hesitant in asking the staff to help, for when asked they seldom refused.

If such projects become more common in the next few years, the need for directors or coordinators of training will increase. Where will they be found? My impression is that they will not be found among the doctoral clinical psychologists. While not necessarily typical, my experience as coordinator may be useful in understanding some of the attitudes to be expected. In theory, my background in personnel work might have made me more aware than most psychologists of the implications of current manpower shortages in mental health; in fact, I was almost oblivious to "the manpower gap," being primarily concerned with my own clinical and research interests. In the beginning, I saw the project, as did many of the faculty, as a way of increasing the productivity of psychologists. Not until a visit to Washington and discussion with staff of the Bureau of Health Manpower did I realize that our work had relevance to a broader problem of providing mental health manpower. When "Calls for papers" arrived from professional groups, I thought of my research interests, and it was not until the project director, Louis Cohen, gently suggested that a symposium on this and other manpower projects might be useful, that the possibility occurred to me. Presentation at symposia was very important in making me aware of the kinds of manpower concerns that had prompted Dr. Cohen to seek support for this project, and of the manpower concerns in the helping professions generally which were so important to Darrel Mase, Dean of the College of Health Related Professions. Slowly, I began to be aware of the issues, and how this program fit into the big picture. I found I could discuss these with Dr. Cohen and one or two other psychologists, but that they were of little interest to other members of the faculty. Interest in the project brought correspondence from others involved in manpower programs, and I became aware of the upsurge of interest and activity; even now, I was not so alert and watchful of developments in the literature as I was in my "real work." With the project ending, a number of possible extensions were suggested with urgency to assume new manpower responsibilities. At this writing, the decision has not been made; despite awareness of the importance of new manpower models, and a belief that non-professional manpower may be a key toward more effective psychological involvement in social action programs, I yet find myself wishing to return to the clinical and research activities that await me. It may be that I am unusual in my former lack of awareness of the extent of the manpower problem, and in my reluctance to devote a major part of my professional effort to it. I do not yet, however, see my colleagues rushing in and begging to take my place. In a later section of this report, Patricia Laurencelle, Associate Professor for Program Development in our college suggests that direction of programs such as this is a challenge and brings prestige to a person at the master's level, but is a "career deterrent" or a "sideline" for a doctoral person. Certainly there are programs in which psychologists have acted as consultants, while the direction was handled by persons at a less specialized level. This may indeed be the wave of the future.

Despite the problems in the project, and they are many, I share the belief of others that we accomplished something important here. This project need never be repeated, as done here, but many variations of it can well be carried out. I believe we did demonstrate one important way in which practicing psychologists can greatly increase their effectiveness. I believe we learned some important things about the kinds of learning experiences that can enrich both professional and non-professional training. And yet, how could it have been otherwise? The importance of the project is not that it demonstrated what it set out to demonstrate—it would have been almost impossible not to. The critical and disturbing facts to me are that the experiment had to be conducted at all; that it was so difficult to get support, and that it has been considered by some so controversial, even unethical. What has been the climate in our profession if the obvious has been so obscure? With the proliferation of subdoctoral programs at all levels in the last several years, it may be that this "revolutionary" project will be, perhaps already is, a noncontroversial representative of the Zeitgeist.

Evaluation of the Project by Richard K. McGee

In general, I believe this has been a most successful and stimulating experience for our department. More than anything else, I believe it has been the focus around which the department has drawn its lines, and the in-groups have tended to develop. It has been the catalyst for the department attempting to encounter one another, and resolve a common problem. I'm not so sure that this problem-solving, or even the encounter was as successful.

I think the value which is to be gained from the psychological assistant program is solely in terms of what each individual psychologist and assistant gained from their work on the service. I do not believe we have demonstrated anything! We have not developed a training program, nor have we even established a content curriculum. We are right where we started two years ago, only we now have seven warm bodies to talk about, not just the original prototype. But we have not done one more thing than what the prototype's supervisor had already proved could be done. He needed help for his service, he had money to hire an assistant, he gave her responsibility beyond what he could give other people he might have hired. The only thing we have done differently is to prove that we could find seven more people like the prototype, and that the neuropsychology service is not the only place wherein the help of an assistant is possible.

I believe the assistants viewed themselves as very special people. They were apparently given the feeling that something very significant for us (the staff) was potentially in the offing, and that we were prepared to make a major commitment to them as a group and individually. I think these views are correct and they are desirable—except, I don't believe all the staff shared the same view of their value to us, on our individual services, or ultimately in a more abstract way. The greatest sources of stress the assistants experienced was in relation to ambiguous and inconsistent messages given them by the staff, and their only defense was an intense solidarity which enabled them to further strengthen their image of themselves. Some of the staff held a very high image of the assistants, individually and as a group. At the same time others of the staff behaved as though they were at best "tolerant," but were most of the time looking for, and finding, faults with the program and the people. Thus, putting all the staff together, the reality is that the assistants were not as appreciated and valued by the department as they appreciated and valued themselves. In my opinion the fact that they stayed with the program and saw it through is a credit to the careful screening and selection procedure which enabled the recruitment of unusually mature and responsible people.

As far as the value of the program on my service was concerned, it proved extremely valuable in clinical, research, teaching and consultation activities. It was a loss to the setting when the assistant left, and in desperation I hired a new assistant six months later. In my view, the assistants have indeed proved their value. The major difficulty with the project is that it was a demonstration; when it ended, we had all expanded our activities; without new funds to keep the project going, I, like many others, was forced to retrench.

Despite the problems, I believe the program ought to be repeated, learning from our mistakes. I think it should be done again after a whole-hearted commitment can be obtained from the staff. It would be good to start over again with the following conditions.

1. One person should be in charge, not just responsible but truly on top of the program. The coordinator could do a proper job, I believe, if the rest of the staff let him do it.

There should be only one person making decisions affecting the work on the individual services (the individual supervisor) and there should be only one person making decisions which affect the assistants as a group. When there is conflict between the group and a single service, it should be handled individually, not by the entire staff. Last time some of the staff tended to be so afraid of the program and of some individual assistants that they could not let go of control they never should have had in the first place. Therefore, the coordinator was not free to exercise her judgment. I believe each of the staff should be in complete control of his own assistant, but none should be permitted to exercise control over the coordinator's running of the program nor of the activities of an assistant on another staff member's service.

2. Certainly the sensitivity group should be held again. But I believe it should not be labeled anything special. I think it would be structured a bit differently and there should be no issue about whether or not it is voluntary. Probably a week away from the office during the first ten days of their experience would be the best program for sensitivity training.

3. I would avoid giving interns responsibility for teaching the assistants. If the staff does not have time to devote, we shouldn't have them around. Staff should teach. There should be more than one day in class. The group training should never give way to the service again. There should be at least half-time in well-organized classes, half on the service during the first year. Probably only one class period per day during the second year would suffice.

4. The major thing to be avoided next time is the delusion that because we like our people and have faith in their level of competence, that is all that is important. We should work just as hard, all during the training program, cultivating the placement possibilities as we do planning the training. We should have potential utilizers come in and be part of the training. We should arrange site visits on the service for invited business and administrative personnel who control budgets. We should not wait until we are forced by the anxiety of the assistants about their future employment to begin worrying about their future. And we should try to avoid putting the responsibility for the utilization of our people on the availability of our own research grants.

Evaluation of the Project by Paul Satz

The project itself was a heartening success. For me, there was quite a satisfactory payoff. The productivity of the clinical service and my own productivity in research and consultation increased greatly. I have added other assistants to the service, and increased my teaching as well. All the assistants are competent and contribute much, each in her own way depending on her interest, particular abilities, and background (rather than on specific training experiences). My only complaint is that perhaps I would have liked to have the assistant sooner.

Evaluation of the Project by Vernon D. Van DeRiet

My overall evaluation of the program is that it has contributed greatly to the efficiency and effectiveness of the staff. I feel that the assistants have contributed at many levels, and in most cases they have done an excellent job. I think it has taught the staff that our professional functioning can be broken into various levels and categories, and that much of our work can be done as effectively, and in some cases more effectively, by assistants. I believe the assistants have freed a considerable amount of our time to work on projects or in areas that we otherwise would not have had time to do.

Another time, perhaps we might avoid one problem by selecting people who are a little older and looking more toward a permanent job. I feel that the younger assistants often do not find this role satisfying and wish to go on into graduate work. I believe this is not the best use of their time if they wish to continue their education and is somewhat a waste of training time if they move into a different field. I believe the older candidates who are not just out of college, are more likely to continue to function as psychological assistants..

The program does bear repeating with some different emphasis. I feel that more formal training at the beginning, drawing partly from existing course work and partly from new course material might better prepare the assistants.

Perhaps the best indication of my feeling about the assistant program is that I hope I will always have an assistant working directly with me. At the present time I would feel greatly at a loss if I did not have at least one psychological assistant working with me.

Views of the Graduate Students

In the early months of the program, the staff was alert to student reactions, wondering whether status or role conflict problems would appear. The first progress report, written when the assistants had been in the department about two weeks, contained this statement: "There have been some rumors that students resent our paying so much more to assistants for learning than they receive as stipends. Whether the assistants, as they work into given services, meet with assistantice or covert resistance from the students remains to be seen."

At the end of three months in the department, assistants listed as one of the successes important to them "being accepted by the graduate students." The progress report, at that time gave the following information about student opinions.

"Whenever a new group is introduced into an existing social structure, accommodations and tensions can be expected. At the start of the project, some predicted that the assistants would be a threat to practicum students and interns, and frictions would develop. During the first three months a few rumblings came to the attention of the coordinator, but none appeared serious. At the end of three months, the coordinator interviewed interns, and many practicum students, asking about their experiences with assistants and soliciting their suggestions for next steps in the program. On the whole, student reactions have been positive, often enthusiastic.

Student opinions

"All students favored the new role envisaged by this research, feeling that psychologists have many time-consuming duties which do not require a professional's skill. All hoped assistants would begin testing soon so that they themselves could be relieved of 'routine testing' (frequently evaluations of intellectual level). Most mentioned specific help assistants had given, in scoring tests, straightening out schedule problems, proofreading reports, etc.

Effect on Supervision

"One felt his supervisor had less time for him since the assistant came, another more. Most saw no change.

Ambiguity of Assistant's Role

"All expressed questions about the role of the assistants and described their efforts to clarify the responsibilities of the assistant on their own service. Many felt that their supervisors should have called the members of the service together and specified the responsibilities of each member. No student saw the failure to provide structure as implicit in this research project—that is, that no one knew exactly what assistants would be doing or how far their learning would ultimately carry them. However, in future student rotation more clarification can be expected, since assistants now have specific duties.

View of First Weeks of Project

"Almost all students were acutely aware of the confusion in the early weeks of the program which was described in our first report. They were particularly aware of the anxiety of the assistants about assignment to individual services, and some expressed resentment at the length of time involved and the arbitrariness of the decisions made (in fact assignments were made in two weeks and assistants' preferences were sought and honored). It was clear from the interviews that students had not been sufficiently informed about the project. In the future, copies of project reports will be circulated to students, and the coordinator will discuss the program with student groups as it seems appropriate to do so.

Training of Assistants

All students had ideas for training the assistants, many recommending coverage of material already given. Four interns volunteered to teach the assistants as part of their own learning experience. The areas for formal coursework focused on by students were essentially those recommended also by the staff—test administration, interviewing, observation of behavior, personality dynamics, psychopathology, and development; research methodologies.

Frictions

There were minor criticisms and complains: 'they got new stopwatches'; 'the assistant on our service has the best desk'; 'they are too slow in taking over routine testing.' Several expressed initial resentment at assistants who had been assigned 'watchdog' or 'truant officer' functions, or who seemed dogmatic about matters of which they were ignorant.

In general, the frictions reported appeared to be the normal adjustments to any new interpersonal situations. Both students and assistants described problems in terms of the individuals involved, not as problems of role or status. It is possible, as several students suggested, that role frictions will increase as assistants learn more and assume responsibilities closer to those of students. As with sibling rivalry, the threat may not be with the infant brother who sleeps all the time, but with the toddler who grabs one's toys.

Student Views on Ultimate Functions of Assistants and Limitations on Their Responsibilities

Several students specifically made the point that they see the future assistant as a person with a definite place in a psychological setting which is not to be seen as inferior to or superior to students. They'll be a definite part of the diagnostic and treatment team—not second class citizens. A staff member reflecting the same view said 'they will be psychological specialists. This is not a second class MA program.'

Future possibilities that the assistants would infringe on the territory of professional psychologists were hinted at, and sometimes stated quite explicitly by students as they described probable limits to the assistants' activities. Phrases such as 'maybe it's my own status needs, but . . .' often prefaced the limits students set.

It appeared to the coordinator that students were more than happy to envision assistant's taking over activities they disliked, and placed limits on those where they felt their future professional contributions would be. Specifically, some students felt assistants could administer tests, but would not interpret them. Or they might interpret some tests 'cookbook style' but would not integrate test material into a personality description. The Rorschach was cited as a test assistants could not administer, on the basis that interpretive hypotheses are implicit in doing a good inquiry.

Other students saw no bar to Rorschach administration. Several students expressed annoyance that the assistants had been exposed to ideas of reliability, validity and norms. To them, these theoretical questions were the sole province of the professional.

"The question of psychotherapy found a broad range of views. Some students accepted this as a function of assistants with little hesitation; most gave acceptance qualified, 'if they have good training in dynamics'; 'as a co-therapist in a group but not as an individual therapist'; 'in a behavior modification setting.'

"In general, as they talked, students became more open to ultimate functions of assistants, stressing that they should be well trained before assuming controversial duties, and that the ultimate responsibility would rest with the professionally trained psychologist.

'Naivete' of the Assistants

"In an effort to determine how teaching of assistants differs from teaching students with a background of coursework in psychology, students and staff were asked whether they saw the assistants as psychologically naive and were asked for examples of naivete.

"The most common reaction was a rejection of the term 'naivete' in favor of 'directness,' 'common-sense.' 'They have refreshing insight without our jargon.' 'They ask questions that are swept under the rug—by me, anyhow—like "Are disorders really different"? "What does 'more disturbed' mean"'? 'I feel our professional language is a defense.' 'Sometimes without theory they have better contact with reality . . . a touchstone to keep our heads out of the clouds. I get amused at *us*. We act as if our words are *real*. They make me wonder, "Gee, what *am* I saying? Make me challenge myself."'

"Most students find the assistants 'enthusiastic,' 'intelligent,' 'eager to learn,' 'a cheerful bunch,' and expressed pleasure at being challenged by them and being able to help teach them.

"The faculty observed that students had gained more appreciation of their own knowledge and more confidence through interacting with assistants.

"Both staff and students expressed the hope that the training program would not extinguish the natural sensitivity and refreshing directness of the assistants.

"The above positive reactions, while general, should not be taken for the whole picture. There are other comments such as 'resists dealing in depth dynamics,' 'inappropriately outspoken,' 'takes diagnostic labels too seriously,' 'says banal things dogmatically,' 'haven't seen enough of life and strong emotions—too much the middle class female,' 'don't question the implications of behavior.' It is interesting that already the assistants looking back at themselves early in the project, say similar things.

"To summarize, the students accept the assistants, have developed amicable working relationships, enjoy teaching them, and are quite open about their future role. They believe more structure in assignments would be helpful, and are anxious for assistants to learn more in areas that will relieve the students of disliked activities. As future professionals, they express concern lest assistants be given diagnostic and treatment responsibilities without sufficient training."

As the program went on, and the assistants became more experienced, there was a shift from the early relationship in which the interns taught and helped the assistants. Now the assistants were the experienced members of the service. It has been described in PART V how assistants began to orient new students coming to the setting, instructing them in test administration, and assigning cases to them. They were less willing to score tests when the graduate students did not wish to score them, causing one intern to remark "They're too bright. They can schedule work so they don't have to do what they don't want to do. I don't like routine cases, but they don't either." At a visit by the Project Officer when the program was about one year old, several interns commented that the assistants were getting much power. "The one on our service calls me 'my intern.'"

Most of these comments were good-natured, and aside from a few temporary clashes for personal reasons, the assistants and graduate students on each service became very much a team. When tension did occur, it was likely to be in a situation where the assistant could not obtain the cooperation of the intern in taking over a clinical responsibility, yet hated to report the problem to the supervisor. Tensions also arose if interns tried to "pull rank" on the assistants. Those who treated the assistant as an equal and important member of the team found them helpful and had little difficulty enlisting their aid when needed.

Other comments of students will be given in the later section covering questions raised about the program.

The last of the three interns who conducted a series of seminars for the assistants described his impressions of them and the program as follows:

Evaluation of the Project by Douglas Hindman

Since I entered the University of Florida as an intern in September, 1967, I met the assistants after they had received much of their basic orientation. I found them capable of handling a wide range of clinical and research duties. In fact, I can forsee the assistants having problems later as their skills outgrow the roles many psychologists will be willing to let them perform.

During the past year, I also had the opportunity to teach abnormal psychology to the assistants. I found that they had little interest in psychology as an abstract discipline but were very interested in learning about it on a practical level. The assistants differed widely in the backgrounds they brought to the course. Since they were to receive little formal training, it was felt necessary to use the course to augment their own intuitive ways of observing others. In a few cases this was somewhat difficult since the assistants' backgrounds and/or training had encouraged them to develop rather rigid views. This could have been alleviated had they received experience in a wider variety of settings.

Lectures proved of minimal value. The assistants learned best through observation of patients, tape recordings, test protocols, and case history material. Some of this material was gathered from texts but it was often most helpful to utilize intake and test interviews conducted for service reasons in presenting various behavior patterns. No doubt, part of the reason this approach was so fruitful was because of the overall milieu in which the assistants were operating. This approach also lent itself well to sensitivity training techniques and the assistants responded to them quite well.

I saw the assistants as being limited primarily by confusion as to their roles in relating to psychologists. This uncertainty became less as they grew more comfortable in their day-to-day roles but then increased again as they approached the end of their training with the prospect of trying to sell their services to other psychologists. I saw the assistants as fulfilling a role similar to that which a nurse fulfills for the medical profession. That is, being someone who performs a wide range of skilled but relatively routine duties, leaving decision-making functions to the professional. Nurses have this role clearly spelled out by training and tradition. As psychologists, we had no such tradition to pass on to the assistants. In practice, we encouraged them to do as much as their competencies permitted. Thus we were able to explore, with the assistants, what they could handle. In the process we found they could do considerably more than we had anticipated. Undoubtedly there exists some point at which their practical experience cannot substitute for formal training. While this point probably has something to do with the level, importance, and immediacy of decision-making, we will need considerably more knowledge of training techniques and their long-term effects before any such point can be established.

The View of The Program by Those Outside Psychology

In the second progress report, when the assistants had been working three months, a sample of comments on how they were being received outside the department was given:

"A psychiatrist asked me what I was doing in a white coat -- was I a secretary or a professional"? "When I say I'm a psychological assistant the patients assume a patient-therapist relationship." "Someone said he heard we were going to replace the clinical psychologists"! "They called us 'hotshot assistants.'" "They call me 'doctor' because of my white coat." "They assume I'm a psychologist and it makes me nervous—I don't know anything yet."

Throughout the program the assistants became more accepted by other groups within the Health Center, and with consultees outside. Assistants were accepted as an important member of the psychological team as they demonstrated their competence. Some amusement at the rigidity of psychologists was shown by other professionals in their responses to the insistence of the assistants that they were not "psychologists." After protesting to one assistant that she was being too modest, a psychiatrist solved the problem by introducing her henceforward as "from psychology."

In PART VI the possibility of over-acceptance by persons outside psychology was suggested. In view of the shortage of qualified psychologists, other professions who need help may be all too ready to take in the assistants and give them responsibilities beyond their training.

The report of Joan Brill, a graduate student in Hospital Administration, is given earlier in PART VII. It appeared to us that she, like other outsiders, saw the assistants as more autonomous than in fact they were, and understated the amount of supervision each received.

After the program had ended, various alternative models, some of them possibly in the purview of the College of Health Related Professions' undergraduate programs were explored. Following a discussion of these possibilities with the coordinator, Patricia Laurencelle, a sociologist concerned with program development in the College of Health Related Professions, wrote her comments on "the feasibility of developing an undergraduate professional major in psychology with a standardized special competence as a psychological assistant." Her statement is included here as it contains an implicit evaluation of the present program.

"1. Psychological assistants have been experimentally trained and employed for a brief time at the University of Florida. The training available has been an on-the-job apprentice-type coaching combined with a gradually increased assignment of responsibility, and supplemented by special seminars and counseling arranged by the project director. It is hypothesized that the systematic training of students in an undergraduate professional curriculum would compress and render more efficient this type of training.

"2. In the period of the demonstration project three things have become apparent:

a. The relevance and practical utility of psychological assistants has been demonstrated in the pilot project at the University of Florida.

b. The existence of a real pool from which to recruit candidates for this type of training, as evidenced by discussions and comments from freshman and sophomore students enrolled in HRP 201, Introduction to Health Related Professions, is apparent. These students claim interest in taking a baccalaureate degree in psychology, at the same time stating that they do not see as a realistic career goal entering the full program to the level of Ph.D., in order to vocationally exploit their interest in psychology. Simultaneously, they express discouragement that a B.A. program in psychology, as it is presently available, has no vocational potential as such. Most of the people commenting in this fashion are women students, and the persisting duality of their role choice at the age of 20-22 years is a significant element in these circumstances.

c. The difficulty in recruiting a professional psychologist trained to the level of the Ph.D. to develop and administer this type of program is real. Such an assignment has precedent in the career patterns of physical therapists, occupational therapists and medical technologists who have made logical career progressions through clinical practice, clinical education experiences to a mature commitment to specialization in professional education. To be chairman of an undergraduate professional curriculum represents to these people a climactic point in a professional career, rightly associated with considerable prestige in their own professional associations and societies, and a high point in career rank and title. However, if an undergraduate curriculum for psychological assistants presumes the need of a Ph.D. director, this person is in a different situation. Trained for a sector of practice that emphasizes graduate specialization and research, the position is apt to be viewed by possible candidates as a career deterrent or side-lining, and to be consequently extremely difficult for the recruitment of a director. This suggests to the writer that the most appropriate type of person to direct such a program would be someone trained in psychology to the level of the master's degree, having some general experience in higher education, and special interest in making a career of developing this undergraduate curriculum.

"3. It is the opinion of the writer that given the interest and experience of the Department of Clinical Psychology in the College of Health Related Professions, and the availability of a salary line and a person to fill the position described above, the College of Health Related Professions would be an exceptionally appropriate place in which to develop, in collaboration with the Department of Psychology of the College of Arts and Sciences, a professional baccalaureate degree with the specialization as psychological assistant."

Questions Raised by the Profession

In formal and informal presentation of the psychological assistant program to psychologists, a number of questions were rdsed. The following section gives answers from participants in the project to the questions that were most frequently asked.

Questions Related to Selection and Training

A Major in Psychology Versus Other Undergraduate Majors

The psychological assistants had not majored in psychology (the closest being a major in Human Relations). The program demonstrated that an undergraduate major in psychology was not a prerequisite to successful performance as a psychological assistant. We have no direct answer to the question of whether psychology majors would have been even more successful. When the assistants had been in the program nine months the faculty were asked whether we would have been wise to hire psychology majors. Two said "no," five said "yes" or "probably" although several of these commented that the data did not justify their opinion. A faculty member entering the department later was strongly in favor of hiring psychology majors, commenting "we spend a lot of time and effort making the assistants second class psychology majors. A master's person or a psychology major is more useful immediately."

The prototype of the assistants, herself a psychology major, recorded her observations: "I think having a BA in psychology is a tremendous asset in that training is faster and a person can perform the role of assistant sooner with fewer hangups resulting from paucity of background in basic research processes, personality characteristics, and the language and tools of the profession. Using persons with a BA in psychology would enable you in six months to produce what your program took two years to do. This statement assumes you will use assistants in the traditional role of examiner or to aid in research. The advantages of having people with different backgrounds were superseded by the longer training period necessary to fill them in."

Several of the faculty and of the assistants mentioned that English was a good background for an assistant, partly because of the understanding of human nature from the study of literature, and partly because the writing skills were useful in editing or drafting research and clinical reports.

Several of the assistants, commenting on this issue, stressed first that they hoped future programs would not rule out people like them because they had not studied psychology as undergraduates. They did feel that in the beginning they had tended to overvalue the knowledge of the assistant who had taken many psychology courses, taking her word for what "psychology knows" even when she was wrong, and when their own experience made them doubtful. They suggested that in future programs psychology majors should not be trained with non-psychology students, or, if the groups were merged, that the administrators of the program be aware of and correct for the extra weight likely to be given to statements of the psychology majors by those from other fields.

As new programs develop, it will be easier to see what of the material covered in psychology courses is most useful to psychological assistants; the essentials can then be taught to assistants who have not been exposed to psychology courses in a more efficient fashion that was possible in this project.

Since the project ended, several of the faculty have employed psychology majors as clinical or research assistants. It is our observation that personal factors rather than academic background were the major determinants of time required for the assistant to reach a level of function which justified her salary. The psychology majors did not have the advantage we expected. This observation, of course, deserves a more careful test.

Personal Qualities

Adjectives commonly used to describe the assistants during and after the program were "intelligent," "eager to learn," "responsible," "motivated." Most of the assistants, staff, graduate students and evaluators agreed that selecting the right people was more critical then the training program. "What we need is better people. Good people will acquire skills." Although interest in working with people or sensitivity to people were mentioned often as qualities to be sought in the original selection, they were mentioned less often later; "enthusiasm," "maturity" and "reliability" were heard more often.

Most of the faculty would hire future assistants on the basis of an interview assessment supplemented by past work records; they would not use psychological tests (and in fact have not done so in assistants hired since the program ended). A major function of the interview would be to determine whether the applicant was a person with whom the psychologist could work comfortably. Compatibility is an important variable.

A frequent issue raised by the interns during the program was whether the assistants were not too intelligent. There appeared to be two reasons for the students' question. One lay in the threat of assistants as bright as the students. The other resulted from the concern of students that assistants would become bored and not wish to remain as assistants, or would be unwilling to do the boring tasks the students themselves were eager to delegate. Another aspect of the latter was concern by students when they saw assistants doing work they considered beneath them (mainly, of course, administrative duties), and which were seen as a waste of the assistant's ability.

One intern commented "I think assistants have to be as bright as graduate students, but this will naturally breed some feelings of dissatisfaction in time." Another intern commented "Assistants should be as bright as graduate students; this will keep the students on their toes. Also, many people see the assistants as psychologists so they should be a good reflection of psychology."

The faculty agreed that intelligent assistants were desirable because they learned quickly. (This is a particular asset in the individualized training of an apprentice program.) The assistants discussed the question from time to time and concluded that their jobs would always be a combination of challenging tasks and dull ones, but that much of the challenge was in their own attitude. (For example, some found intelligence testing dull, while others saw it as a constant challenge, as they tried to predict what the person they tested would do on the next response.) "Bright people don't get bored because they keep learning," said one. Another, however, felt it was up to the supervisor to provide something challenging if boredom was setting in. The consensus of the group was that an assistant of a psychologist who was moving into new areas would find continuing challenge for herself.

An important question was whether the enthusiasm of the assistants was not so much a happy combination of their personality and working in a psychological setting, but was rather an effect of being singled out as research subjects in a pilot program. There is no doubt that the assistants took seriously their place as the first of what they hope will be a new and important addition of workers in the psychological profession. However, the responses they gave to the "guinea pig" aspect of the role were not related to being prototypes; rather, responses reflected the tensions from the ambiguity of the role, the sense of being under inspection, and, later, concerns over being skilled enough for future employers, and doubts of finding suitable positions when the project ended. Assistants and graduate students, and to a lesser extent faculty, commented on the letdown assistants experienced when the job was less self-actualizing than they expected. Certainly in a future project one would not tell assistants, as we did, that we were interested in seeing how many of a psychologist's activities they could assume; in the future, we could more clearly explain the job functions. Many assistants remarked to the coordinator that they remembered she had warned them that much of the work might be dull, but they hadn't really believed it. We expect that there is enough of an aura about things psychological that many workers will find moments when the reality does not live up to their expectations.

Questions Relating to Tasks Performed

Level of Performance

The assistants and faculty were often asked whether the assistants performed many duties below, or above, their level of competence. It was generally agreed that all assistants performed duties, primarily clerical and secretarial duties, below their level of competence, but that these activities were very valuable to the service. An intern commented "They were there when things needed to be done, and they did them. I was glad they were there, but it was a misuse of manpower." (Less of a misuse of manpower, we might add, than when the psychologist performed them!) One assistant told the evaluators that she had been underchallenged in all areas throughout the program. Another said she had performed below her level of competence for some time because she was timid about taking on new responsibilities and her supervisor had let her work at her own pace.

A more serious issue is whether the assistants performed duties beyond their level of competence. Early in the program the assistants spent much time worrying about overstepping the limits, when to assume initiative and when to ask the supervisor. As their roles became more clear, they tended to see "Will you know your limits"? as a "stupid question." A supervisor described the process very well: "It bothered me, giving her responsibility. Should I turn this over to her and let her do it? At some point she went ahead and did it. I got out of the way. She knew she could do it and she was quite able. She came back with the data, organized it, put it in form that made it very easy for me to evaluate it, and raised questions. She knew when she didn't know what to do." From the viewpoint of the coordinator, there was great variability in the freedom of action which psychologists permitted of their assistants; some gave a latitude that others considered on the border of unethical. As the project progressed the staff appeared to be closer in what they felt comfortable delegating, although the issues were never explicitly faced by the staff as a whole. There were, of course, occasions where assistants "spoke for their supervisor" and used poor judgment in doing so, but in the main, the group was more likely to err on the side of conservatism. It should be kept in mind that this project specifically trained assistants to psychologists, with the clear understanding that the psychologist retained the ultimate responsibility. The question of overstepping bounds could be much more serious in projects such as "Mental Health Workers" where generalists are trained who are not tied to a specific discipline.

Conflict between Worker and Student Roles

In PART IV (pages 8-9) there is a discussion of the effect on training of the dual role of the assistants; they were full-time employees paid $5000 a year to help a psychologist, and they were students in a new non-professional manpower project. To supplement the earlier discussion, comments of participants at the end of the project are included here. One staff member went so far as to say "It is misleading to call them students. Being teachers, we made students of them as opposed to getting them trained fast for the job." After nine months of the service the faculty was asked what it would mean if the assistants were at that time full-time employees rather than being students also. As might be expected, they noted that more work would get done, there would be fewer distractions and interruptions in activities on the services. At the other extreme, two assistants saw the student role as losing out: "We were paid for full-time work. The staff wanted someone to do a job. They wanted us to learn something to do a job. Beyond the job we had to fight for every inch. Another assistant told the evaluation team "Our supervisors expanded like crazy when they found out how useful we were. We were indispensable. We worked ourselves into a corner."

Comparing the assistant as a student to a graduate student paying tuition or on a stipend, the prototype of the assistants commented, from her observation of seeing many kinds of students on the setting "There was no difference essentially, except in the amount of money received, between the assistants who were students and the typical graduate student performing like and used by the department as employees paid by stipends or federal grants. The only difference which I can see is that the graduate student has more status in terms of what the profession recognizes, yet the psychological assistant contributes more to make the department effectively handle the demands made on psychologists."

Questions Relating to Acceptance by the Profession

Degree Status

A frequent question, often with overtones that we were being unethical, related to the fact that the assistants, coming into the program with a bachelor's degree, would after two years of work not have a master's. This point was stressed to assistants in the original recruitment, but it was obvious that as the program neared its end, and as the assistants became aware of the rigidities within psychology, there was unhappiness. Assistants admitted they would not have entered a graduate program, yet regretted not having a degree for their participation in this program. It was at this time that we were glad we had hired assistants who already had the status conferred by a bachelor's degree rather than those with less college experience (there is little doubt, however, that intelligent, well-motivated women with less education could have succeeded in the program). An intern commented "If this were a masters' program, you wouldn't be able to get the numbers of people needed. They are paid to do a job and don't have time for coursework, though it should be open to them (it was). Homework shouldn't be required on this program." Another intern suggested that a non-thesis master's degree might give more academic acceptance.

In this project, our assistants all knew they could go on to graduate school if they wished. Throughout the project people talking with them expressed astonishment or disappointment that they had not entered a degree program, and those remaining as full-time assistants still find themselves urged to go to graduate school. At this stage, psychologists have such difficulty in seeing a viable psychological function or position outside the academic degree structure that such questions and pressures are to be expected. Hopefully, as more subdoctoral specialized programs are accepted into psychology, there will be respected and suitably-rewarded positions for psychological workers at many levels. (What some of these might be are described in PART VIII in the section entitled Other Models.) At such a point, the assistants will also have more job protection, in terms of job mobility and consistent salary structures.

The Assistant and the Psychologist: Status Differences

In describing the project to psychologists outside the setting, expressions of concern or uneasiness often appeared. At times these comments related to fears that professional ethical standards would not be upheld. But other comments related to an attempt to define what were the uniquely distinguishing characteristics of a psychologist, if the assistant could perform so many of the psychologist's tasks.

At first the effect was seen in interns and our own faculty as we found ourselves hesitating to delegate or teach material which somehow set us apart as professionals. These doubts have been discussed in earlier sections of this report.

When the program was described at a symposium of the Florida Psychological Association in 1967, a wide-ranging attack was made by the audience on the entire concept of non-professional manpower. We heard then, as we were often to hear thereafter, comments such as "If everybody else can do projective tests, what are we in business for"? "I went through a lot to get my degree. It makes me uncomfortable if someone without graduate training can do the same thing so easily." Afterward the assistants discussed the symposium: "I think it's a question of how the psychologist looks at himself. It's one thing to interpret tests but we could never begin to do what he does. He can't begin to define his own roles or what our limits are." "He was threatened by us. When you feel unsure of your own role, you're going to feel very unsure of anybody else." "Psychologists are anxious about clinical activities. Some of us get frustrated when we push into those areas where psychologists worry most about their responsibilities." "I think in a few years it will be different. Once there are a lot of us around, they'll be able to define our role and maybe their own too."

An out-of-state psychologist who had attended the meeting wrote to the coordinator: "Perhaps I am overreacting to the Florida scene but the extent of the professional rigidities, both subtle and explicit, in the symposium participants was unexpected. I suppose it has to do with the strong private practice element in Florida. Some of our other states appear to be more flexible—perhaps it is their 'have not' character which forces them to be so. Fortunately, your assistants are obviously bright enough to make their own way."

At a meeting of Mental Health Clinical Directors at which two assistants appeared about five months after the program ended, they were compared with two other non-professional training programs at the AA level. The discussant characterized our assistants as the "good, reliable, nice children who are welcome to the family." They described graduates of the other two programs as "stepchildren—nobody wants them" and "the bright articulate hippy who is a member of the family and who says 'You have done wrong.' I felt like the bad guy." At this meeting our assistants gave moral support to the unwanted students of the other programs, explaining to them that they themselves had been similarly rejected two years earlier.

Another psychologist commented on the problem of quality control in subdoctoral programs and said the threat to psychologists is analogous to the threat professional psychologists were to psychiatrists. "The profession is not ready. I predict that if 100 assistants went to work on Monday, by Thursday there would be a mass meeting of the certified professional psychologists."

Discussing manpower presentations at a workshop of the American Orthopsychiatric Association in 1968, Arnhoff criticized psychology as "the worst culprit" among the helping professions in not having a career ladder recognizing degrees of skills; he attributed the growing number of nonprofessional programs to "the unremitting rigidity of the fields that have a mandate to do something." At the same meeting, Carl Bramlette commented "If we don't solve the problem of acceptance, salary lines, job descriptions, etc., new nonprofessionals will go back to graduate school."

The assistants early learned of the low regard for Master's psychologists and the disregard of those with a bachelor's degree. This awareness never failed to arouse scorn and indignation, and was the severest strain on the assistant's loyalty to the profession of which they felt a part.

As a result of the questionings and tensions described above, the participants in the study struggled toward a definition of what differentiates a "psychologist" from an assistant and other psychological workers. Here are some of the attempts:

1. Since the assistant can do many jobs formerly performed by the psychologist, the psychologist must maintain quality control, point out biases in problem-solving and decision-making. The psychologist knows the issues, what must be considered. His broader knowledge is not in danger of being replaced. (Intern)

2. "The psychologist is the one who asks questions, who redefines the problem. The assistants don't have the information and background to draw on for this." (Faculty)

3. "An assistant runs the system. A psychologist is the problem-solver, the innovater, the changer of the system." (Faculty)

V Conclusion

The evaluation of our project has been described in various ways: first, in the reports of three experienced clinical psychologists who visited the department at the end of the program; second, in the report by a hospital administration graduate student who studied the role of the assistants in psychological assessment, six months after the program ended; finally in formal and informal statements on many aspects of the program giving the views of both participants and outside observers.

There was general agreement that, as a pilot project, the psychological assistant program was a success. The assistants did indeed learn much about psychology, and their psychologist-supervisors did indeed benefit from the presence of the assistants and increase the scope of their professional activities.

We do not think this program should be repeated, but we do thing that knowledge gained in this program can be useful in planning and carrying out many different kinds of training programs for assistants to psychologists, and for mental health workers of various types. Possibilities are proposed in PART VIII.

This small project has drawn criticism and has aroused interest out of all proportion to its size. It appears that, after many years in which psychologists have said that psychology should begin to train subdoctoral people, years in which there have been much talk and little action, the Zeitgeist is now. Our program, and others around the country, are beginning to give data on what of psychology can be delegated to different levels, and perhaps on what of psychology will be better performed by non-psychologists.

We would have liked to present a final report replete with tables and sophisticated statistical analyses. In future programs with larger groups, such data will be forthcoming. In this project, with seven assistants working on eight services for nine psychologists, at a time when the department was expanding rapidly and the number of graduate students doubled, the data on even so straightforward a matter as patient care became uninterpretable.

Our evaluation is therefore, in terms of process—of what happened to our society of professors and graduate students when the assistants were introduced, of what we all learned and how we changed, of what we did differently and where we stayed the same, of how we struggled with a new identification of our professional role and responsibilities, and last, but perhaps most important, the brickbats and bouquets from our colleagues which highlighted the state of our profession as it moves into a new era of manpower change.

The final chapter will summarize our successes which we hope can be repeated, and our mistakes for others to learn from. Finally, we shall describe a number of models of non-professional manpower suggested to us by our experience with this project, as possibilities for future research.

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PART VIII

CONSIDERATIONS FOR FUTURE PROGRAMS

Introduction

In this last part of the report on the pilot project to train psychological assistants, we consider our successes and our mistakes, what we have learned, and the implications of it all for further research, and for graduate training.

Because subdoctoral programs in psychology are still controversial, we have become aware, through our own experiences and the reactions of our colleagues, of many issues to be considered in undertaking a program of training. We shall review these considerations, discuss other models for training projects, and close with our views of actions which might be taken by the American Psychological Association in recognizing the graduates of many new programs which provide various types of psychological specialists.

What the Project Taught Us

Looking back over the experiences of the past three years, we can begin to assess those things that went well and should be repeated, and those things that others can be warned to avoid. Former sections of this report have commented on changes we would make if we were to do the program again. We shall not detail them here. What follows are highlights of what went well, what went badly, and what surprised us.

Implications of Experiences with Training

All connected with the project agreed that the assistants were better motivated, more eager to learn, and more closely identified with psychology than are many graduate students. While selection or the Hawthorne Effect can account for the enthusiasm to a degree, we believe the apprenticeship training was an important contributor.

Apprenticeship Training

Assistants worked with a psychologist on tasks seen as important and quickly became identified with and loyal to their supervisors and their services. Apprentice training provided early patient contact, assignments adjusted to the readiness of the learner, immediate feedback, and integration of theory and practice. Research was learned through participation, from the development of the initial idea, through creating of research tools, to collecting and analyzing data and editing the final report.

The fact that the project was carried on in a university health center provided challenging multidisciplinary learning experiences. In a setting where everyone is teaching and learning, learning becomes contagious. The interaction between graduate students and the assistants proved rewarding to both beyond our expectations. Students taught the assistants and learned and gained perspective by the teaching. Later, trained assistants oriented and to some extent instructed new graduate students, making it possible for the student's time with the psychologist to be spent on more technical issues. We would strongly recommend that future programs for assistants be carried on in settings where graduate students are learning.

Later in this report we shall discuss other models for training assistants through traditional formal courses. Although we appreciate the value of such training, our experience has convinced us that apprentice training is the "method of choice" for training subdoctoral assistants for psychologists. Assistants and faculty agreed that the individual training experiences on the setting provided the most meaningful learning.

Group Training

In an effort to save time of individual supervisors, and to make sure no essential topics were missed, assistants were taught in groups. This training was clearly seen as supplementary to learning on the individual services. However, the variety of group training experiences taught us much.

The Learning Climate

The assistants participated actively in planning their own training, recommending areas where they needed more knowledge, and suggesting new methods of presentation. They shared knowledge learned on individual services. Their comfort with each other led to more active participation in class and more freedom to expose ignorance than they had experiencedin previous academic work. Assistants taught each other to the benefit of teacher and learner.

Sensitivity training early in the program facilitated group interaction, and insights gained were used in relating more openly to graduate students and supervisors.

Group learning was most successful when the teacher was well-prepared, enthusiastic, and so much in command of the subject that he could be comfortable "translating" at a variety of levels of sophistication. Assistants were very aware of the extent to which instructors were in command of content and learned less when they withheld questions from less secure teachers. The instructors found the classes stimulating, and were challenged by the necessity of explaining familiar concepts in different ways, often gaining new insights themselves.

In future programs we would greatly expand the experiences that proved to give most meaningful learning—active involvement either through direct client contact or through observation and recording of data from videotapes, followed by immediate feedback through group discussion with the psychologist. We would actively seek out films and videotapes (or would create videotapes), and would provide more time for viewing, rating tapes for various aspects of behavior, and discussion; these activities would be tied to theoretical content on personality, psychopathology and development.

The project purchased many books for specific purposes and for general reading. Assistants read widely from these books, and from books borrowed from supervisors. In a future program, we would enlarge the library and seek more actively for books at the assistant level. The library would contain not only professional books, but popular books, such as Green's (1964) I Never Promised You A Rose Garden, or Berne's (1964) Games People Play, both of which were very popular with our group. The number of literary works giving good descriptions of character types or personality dynamics would be increased.

Through their use of published materials, assistants suggested the kinds of materials written specifically for their level which would have been useful. Examples are checklists for observation of behavior; manuals giving background, administration, scoring, purchasing information, etc., for frequently-used tests; manuals of normative data useful in psychology; a handbook of special problems in test administration, etc. The manual of Pauker et al. (1967) was found useful. (L'Abate refers to a similar manual but we have not seen it.) In his evaluation report, Dr. Blau suggested a number of teaching aids which the assistants agreed would be valuable. As the number of training programs in psychology grows, availability of materials written for the subdoctoral level practitioner would be extremely helpful, not only in saving instruction time, but also in encouraging consistency of training in different settings.

As a result of this experience, we would revise the order of presentation of material and would add some content which apprenticeship training seemed to miss. Early training, the assistants tell us, should include an overview of schools of psychology and major issues in psychopathology. Attention should be given to clarifying psychological terms. Students later told us they needed more opportunity to express negative feelings and misconceptions about psychologists and their activities (including questions about invasion of privacy, manipulation, name-calling (i.e. diagnosis), etc. Important concepts in understanding personality, psychopathology and development should be given early, with many clinical examples. Since assistants typically administer many intelligence tests, they felt they needed more material on theories of intelligence, factors that influence the IQ score, material on cognitive development, organic problems, cultural deprivation, etc.

In a future program, we would go back, after about six months of training, and discuss the nature of clinical psychology (using a text such as Sundberg & Tyler, 1962), theories of normality and psychopathology, and theories of personality. Our assistants found these topics dull in the beginning but fascinating after they had experience to relate to.

The evaluation team commented that the assistants responded to questions of ethics with their own personal code. On reflection, we believe it would be useful in future programs to discuss cases in the Casebook (APA, 1967), preferably in groups attended also by graduate students and faculty. Discussions would also cover issues relating to professional responsibility and delegation to non-professionals, issues not covered in the Casebook in any detail.

Finally, we would early make sure the assistants were familiarized with common sources of information in psychology. Although all were familiar with Psychological Abstracts, we found one or more unaware of Index Medicus, Dissertation Abstracts, Annual Reviews, Contemporary Psychology, Buros' Mental Measurement Yearbooks, or other similar reference sources.

The Need for Planning

A major criticism of the project from participants and evaluators was the initial confusion which engendered emotional stress and inefficiency. Many difficulties arose from the lack of opportunity for thorough preplanning and exploration of critical issues by the faculty (See IV-1; IV-10). There were failures to communicate plans to faculty, graduate students or assistants, with the result that misunderstandings occurred and decisions were taken without due consideration. More clarity was needed especially in allocation of work time vs. training time, the content of early coursework, the necessity for ongoing evaluation of participants, and the goals and methods of the project.

As a result of what we have learned, participants in future programs could be given a clearer idea of the probable role and functions of the assistant on each setting; also, group training could be programmed over a longer period—both of these changes would reduce anxiety felt by participants in the pilot project.

Evaluation of Changes in the Assistants

It was originally our intention to obtain test data and subjective reports on the assistants at intervals to measure how they changed during the training experience. Difficulties in the introduction to testing (see IV-5) upset some assistants and faculty. A significant number of the faculty took the position that psychological assessment is useful only in assessment of psychopathology and would give no useful information. Others felt testing would be an invasion of privacy. The faculty chose to discontinue testing, a decision which at the end of the program was regretted by the outside evaluators and many of the assistants.

We believe that persons whose jobs require administering of psychological tests can learn much from the experience of taking tests themselves and evaluating the results, under appropriate supervision. In a future program, we would enlist the cooperation of the faculty to develop a suitable battery containing some typical clinical tests, but focusing primarily on aspects or normal personality, attitudes, and knowledge of areas of psychological content. Plans for testing would be explained in advance to candidates (as was done in this case). Assessment measures would be administered by psychologists away from the setting; confidentiality of records would be assured; and, at appropriate times and in responsible ways, assistants would be given feedback on test results. With these safeguards, we believe periodic assessment would be useful both for the research and for the individual assistant.

Evaluation of What the Assistants Learned

A major disadvantage of the variability of assistants and settings in this project was the difficulty in finding an agreed-on body of content all had learned. One goal which we did not accomplish as we had hoped was the development of standards of evaluation of knowledge. To do so would have required a larger number of assistants with more similar training and duties. We decided to infer knowledge from the tasks each performed. In a future project, with more stability in the setting and larger numbers of trainees, more formal evaluative methods could be developed. For example, standard examinations for formalized coursework could be given (as was done to a limited extent—p. IV-39). Ratings of behavior or dynamics from videotapes could be compared with ratings of graduate students, faculty, medical students, psychiatric residents, etc. Assistants could take examinations in relevant courses offered by academic departments, to determine how their on-the-job learning compared with the knowledge presented in traditional ways. The Graduate Record Examination in psychology would be another possible measure. Videotapes of assistants performing various tasks could be evaluated by impartial observers.

Evaluation of Faculty Productivity

It was agreed by all participants that the assistants freed a large block of faculty time, and that psychologists spent the time primarily in research, teaching, and consultation. Productivity of the setting increased as a result of increased professional activity of the psychologist, improved efficiency of operation as a result of the assistant's administrative help, and improved clinical service, in part attributable to input from the assistant.

We had hoped to assess more precisely the changes that occurred. During the first year of the project we collected from faculty, graduate students and assistants data on the Inventory of Job Functions (Golann & Magoon, 1966). The approach was useful but activities were not typical enough of our settings, and results were inconclusive.

There is an urgent need in psychology for a comprehensive inventory of "psychological tasks" whereby performance at different levels can be studied. A start could be made using a composite of the Golann & Magoon list, the listing from PART V of this report, and the counseling tasks listed by the American Personnel and Guidance Association (1966).

Another approach would be to develop a list of tasks and functions using time-sampling or critical incident methods. We briefly considered using assistants to collect such data on this project, but concluded that trained outside observers would be better.

Implications of the Worker-Student Role

In an apprenticeship program, assistants are both workers and students. While learning through productive activity made for effective teaching, the worker role put constraints in other ways. Faculty, assistants and outside evaluators agreed that rotation to several settings would have increased learning and given data on generalization of knowledge acquired in the original setting. Dr. Blau would have had the assistants assigned to community settings and private practitioners. In this research, a major variable was the change in the psychologist's productivity. Rotating assistants would have limited findings on this point. In a future program, in which the purpose was exclusively to study training, rotation would certainly be valuable.

Another effect of the dual worker-student role is related to a question asked by the evaluating team: Were the assistants used to capacity? We believe they were not (but we believe that workers seldom work to capacity). Initially, assistants were warned that there would be routine in the job, but that we would try to let them learn whatever they were capable of learning. Some were cynical and saw the assignment mainly as a job. Some were idealistic and saw the assignment as a self-actualizing experience. Some of the faculty were disturbed throughout the project because no upper limits were set initially; others were disturbed because they found themselves holding the assistants back, for ethical reasons, or because the work to be done loomed larger than the training needs of the assistants. It was clear that both assistant and supervisor attitudes affected what the assistant learned and tasks she performed. Job-oriented assistants tended to reject group learning for which they saw no practical application; job-oriented supervisors made it difficult for assistants to attend classes and seldom sent them to case conferences or other special learning experiences.

Based on our experience, therefore, we recommend that persons administering apprenticeship programs pay particular attention to role pressures.

Selection

Selection of the assistants was based on college record, interview, and a mutual agreement of candidate and coordinator as to whether two-year participation in a non-degree research project was in the candidate's best interest. Although MMPI protocols were available, no candidates were eliminated on the basis of test profile. In comparison to the extensive screening procedure of Rioch (1963), the procedure we followed was rudimentary. Even so, our faculty now feel screening was too complicated. If we were to replicate the program, each would prefer to select his own assistant, on the basis of intelligence, motivation, responsibility, and some evidence of compatibility and mutual interests. The preference for this kind of individual selection comes partly from disenchantment with tests, but primarily reflects the experience each psychologist had of the importance of mutual liking and esteem in building an effective working team.

Placement

The final area in which we would, in another program, make greater efforts is in the placement of graduates. As more non-professionals are trained, it is going to be extremely important for them to find suitable employment with adequate compensation for their skills. We underestimated the administrative difficulties in placing our graduates and overestimated the willingness of psychology to receive them. For the foreseeable future it will be important for trainers to work assiduously to educate potential employers. One way to do this is to engage them in the training process, such as by inviting them to lecture in the training setting, or, even better, to provide practicum experience in their own.

Implicit Problems

There were some difficulties that we would probably have again if we replicated this study. We could lessen the stress and discomfort for assistants, but some stress will remain as newcomers find their way into the system. The decentralization of the department's activities limits to some extent what assistants can contribute; certain procedures cannot be improved without more centralization. The diversity of viewpoints of the staff, which is a strength of the department, would cause differences and communication problems in a future program as it did in this. More meetings of faculty and assistants should decrease difficulties, however.

Implications of this Project for Professional Training of Psychologists

In this project, psychological assistants were trained on different services, to which practicum students and psychology interns were also assigned. Early in the project, the graduate students taught the assistants, developed a sense of status and superiority because of their greater knowledge, and found themselves challenged by the assistants' questions to look beyond the labels and theories of their teaching to deeper meanings. As the program went on, the assistants became the knowledgeable ones on a setting, and new students, particularly at the practicum level, benefited from their orientation and coaching on specific skills. Throughout the project, assistants and graduate students worked together with mutual profit.

In comparing the two training programs, it was clear that the program for the assistants was less rigid; they were less pushed for mastery of material that did not interest them; a graduate student in a similar situation would have been pushed if the material were considered necessary for professional competence. Many of the issues in graduate training were also encountered in assistant training—for example, the question of the "generalist" vs. the "specialist" was hotly debated for both groups.

The enthusiasm of assistants as they struggled with issues arising from early experiences with patients caused the faculty to listen more attentively to requests of clinical graduate students for earlier involvement with patients. We are realizing, as we talk to psychology undergraduates and graduate students, how easy it is to take course after course in psychology without gaining any solid sense of what it is psychologists do.

The prototype of the assistants recommended that the practicum be modified for graduate students. Instead of a series of rotations with an involvement of 15 hours a week, she suggested the student work for a term, 40 hours a week, with no other coursework, immersing himself totally in the activities of his service. She believes students would gain necessary clinical skills rapidly, with more awareness of the total process of patient care, and would then be ready for more intensive experiences using the skills acquired. We have not adopted the suggestion, but believe it has great merit.

Some of the faculty, seeing the enthusiasm and openness of the assistants, their extensive self-directed reading, and their strong sense of identification with psychology, have contrasted these with the defensiveness and "student paranoia" characteristic of many graduate students, and wonder whether formal graduate training is extinguishing rather than facilitating the qualities we are trying to develop in future colleagues. One of the supervisors mused, "I would not expect assistants to be able to reach professional levels without formal graduate training. In theory, you need to be taught theory, but the evidence may be different. It is hard to accept the possibility that assistants can do without our formal training, but frankly I have no solid evidence that theoretical training is needed." While we are not yet ready to abandon formal coursework or academic hurdles, many of the faculty are taking a hard look at the ways in which these may be defeating our goals.

A result of the project which we had not anticipated, is related to the old issue of the clinician as researcher. In faculty meetings, we had been discussing the viability of the clinician-researcher model, and how hard it is for faculty to exemplify the model to students. In the discussion, several of the faculty commented that the presence of the assistant on the setting had permitted the development of new research projects. Students coming onto the service becomes involved in these, in ways which caught their interest, and helped the assistants with research problems. The faculty used time released by the assistants to increase supervision of student clinical skills. We may have a serendipitous finding. The clinician-researcher model is viable if you have an assistant. Graduate students can come to see this as a viable model for them, as they observe both clinical and research activities of their supervisors during training.

Finally, an important effect of the assistant program was to prepare graduate students for working with non-professionals. As one of the faculty stated, "I feel that psychologists at some point in their training do need to learn how to function with the help of assistants—to learn how to train them, to work with them, to delegate to them, to communicate effectively with them. They also need to learn not to be threatened by people with less formal education but sometimes with more skills than they have." And another psychologist commented, "Psychologists in the future will be less threatened by new developments in use of non-professional manpower if he is trained to see himself in the role as a supervisor."

Issues in the Development of Subdoctoral Psychological Manpower

Because the design of the project required that we ask questions of ourselves as well as of the assistants, and because subdoctoral training in psychology is still controversial, we were repeatedly reminded of issues to be considered in the use of non-professional manpower in psychology. The following pages raise some of the questions that have concerned us. Some arose from encounters with our colleagues at professional meetings and some came from our experiences in having the assistants enter our social system.

Broad Social Issues

This project was designed to increase the effectiveness of psychologists. Effectiveness for what? What is our mission? Like most faculties, we have strong proponents both of direct action in society, and of eschewing action to solve problems through knowledge from basic research. At a workshop on manpower at the American Orthopsychiatric Association in 1967, Franklyn Arnhoff commented that there are those who consider behavioral scientists grandiose if we take it as our mandate to change society. Perhaps reduction of poverty through economic and political action would do more to cure mental illness than all our efforts. John Wright at the same meeting made a plea for attention by psychologists to areas where prevention demands our skills. As an example he cited needs of public schools for massive programs in teaching democratic problem-solving and better ways of channeling aggression.

Despite frequent mention of the need for psychological services, and the seriousness of the manpower shortage, Arnhoff (1968) has made the cogent point that there may be little relationship between what professionals say is needed to accomplish desired goals such as mental health (needs) and what society is willing to pay to accomplish them (demand). And, even when society "demands" psychology, does it therefore, demand Ph.D. psychologists?

Reiff (1967) has commented that professionalism has caused psychologists and others to concentrate on the middle class until there is a vacuum in service to the poor, a vacuum which non-professionals may, through lack of professionally-trained biases, be better equipped to fill.

There is a role for indigenous non-professionals, and other subdoctoral specialists, and we agree with a comment by C. C. Warriner at one of the symposia, that psychologists are the logical profession to become involved in non-professional training, because it is controversial and we have historically been the "mavericks" in challenging mental health beliefs. There are psychologists who believe the answer is not to train more supportive personnel in psychology, but rather to invest more in training the kinds of professionals who are already on the firing line—nurses, physicians, teachers, etc. And finally, there is a sizeable group of psychologists who assert, vehemently, that our place is not in training practitioners at all, but rather in finding answers and developing new methodologies. On the basis of our experience of the past three years, we do not expect consensus very soon.

Attitudes of Psychology

Granted that there is a need for, and probably also a demand for, more psychological services, one difficulty in finding manpower lies in the historical attitudes of psychology itself. Unlike other professions, "psychology does not deal with a career ladder progression from the bachelor's degree through the master's and on to the Ph.D." (Arnhoff, 1968). Bachelor's and master's "psychologists" have little or no status, despite the fact that they are employed by the thousands. (In our experience, the preference for the doctorate is so well socialized into psychologists, that even in this program, designed to train a new subdoctoral psychological worker, the assistants were constantly being asked, urged, and pushed into graduate training. Two of the seven did return to graduate school. One, who recently began a new job as an assistant in another part of the state, reported that in the first month three psychologists advised her to return for graduate training. Since we have no shorage of applicants to graduate schools, this kind of pressure, while encouraging to the individual assistant, undermines the development of new specialists in psychology from other manpower sources.)

Boneau has estimated (1968) that in the past ten years 100,000 bachelor's degrees in psychology were granted. Only one in ten of these went on to receive the doctorate. Assuming that all of the 10,000 doctorates and 12,000 terminal master's granted in psychology during the ten years were psychology majors, which surely is not the case, there are about 78,000 college graduates trained in psychology within ten years, most of which are lost to our view. The number of psychology majors continues to rise, and these constitute a sizeable potential manpower pool. (Boneau anticipates 250,000 in the next ten years.) It is not hard to see that relatively minor revisions in bachelor's programs could provide a large number of psychological specialists. If the master's degree were redefined as a specialty degree instead of a consolation prize for those who do not achieve a doctorate, another sizeable increment in manpower could be achieved.

Examples of New Programs

The last three or four years have seen the development of many kinds of new helping specialists, a number of whom are in the domain of psychology. At the master's level, programs are being developed in Psychological Service (Verplanck and Newton at Gennessee), in Gerontology (Rich at the University of South Florida), in Behavior Modification (Sulzer at Southern Illinois). Sines at Missouri and Affleck in Nebraska are training college graduates as psychometricians; Eastham at the Eastern State Psychiatric Hospital in Knoxville, Tennessee, is training graduates for mental health work in hospitals. Bachelor's programs for psychological specialists are developing, such as the curricula for personnel specialists and for psychological assistants at Missouri (McKinney & Anderson, 1967); we understand that improvements in subdoctoral training are being considered in other schools, such as the University of Houston, Louisiana State University, and the University of Missouri at St. Louis. Programs at the associate of arts level are proliferating. Purdue has AA Mental Health Technologists (Hadley & True, 1967); Mental Health Workers are being trained at Metropolitan State College in Denver, and many other places. In the South there are over 50 junior college programs for various kinds of helpers. In 1968, over a dozen new programs of interest to psychologists will be described at the state psychological meeting. Clifford (1967) taught women of different educational backgrounds to administer psychometric tests to school children, and L'Abate has taught part-time women and volunteers similar skills. Some psychologists are training volunteers (Gendlin et al., 1966; L'Abate, no date) and others are concerned with indigenous non-professionals (Gendlin, no date).

The trend has grown to the point that surveys are being made and published (i.e., Bowman & Klopf, 1966; Information Retrieval Center for the Disadvantaged, 1966; Project GROW, Freund, 1968). A number of persons are surveying programs—we were asked for information from seven: Diane Freund for Project GROW (paraprofessional programs); Goldie Scherberg at Sinclair College, Dayton, Ohio (mental health); David Gottlieb, Pennsylvania State University (mental health); the Department of Neuropsychiatry, Brooke Army Medical Center (psychology technician); Wolfgang Bringmann, University of Windsor, Ontario, Canada (subprofessional training to compare with European programs); Mrs. John Davenport, Department of Psychology, University of Wisconsin (survey of programs open to psychology majors); Sister M. Rosarii, LCM, Moraine Valley Community College, Oak Law, Illinois (paramedical education).

It is becoming clear that psychologists are being faced with the reality of graduates of many new programs directly or indirectly associated with our profession. Indeed, psychology may soon be pushed to decide in what areas it wishes to lead, and in which it will pass leadership to other groups—if indeed leadership is not lost through inaction.

Psychological Helpers Already on the Scene

We believe that when psychologists seriously consider the utilization of subdoctoral personnel, they will become aware of how much experience they have already had. A psychologist who vehemently attacked our program at a symposium later mentioned that he had trained his secretary to administer some tests and do intake interviews.

When the evaluators came to visit our program in June, 1968, Dr. Blau met with the employees of the department who were not members of the assistant program. Our experience has taught us the value of such helpers, and we may have more than most settings. Even so, the group included a high school student on a National Science Foundation visit, three psychology majors working for the summer on a research project, four college graduates (1 in sociology, 1 in history, and 2 in psychology, one of whom trained at an apprentice program at Milledgeville State Hospital in Georgia), working on various research projects, and four master's level students doing clinical work and research. While the members of this group do not have the motivation of the assistants, nor are they so strongly identified with psychology, they are indeed actively involved in psychological endeavors.

Specific Issues

Below are listed specific issues frequently raised, with comments from the experience with the psychological assistant program, where applicable.

Goal of the Training

Are workers to be trained to assist psychologists? In all or only some activities? Are they to be trained to replace the psychologist? Or to engage in psychological activities which the professional may not do very well. As Carl Bramlette asked at one of the symposia, "Are workers being trained to work only for psychologists? or as generalists, human service technicians perhaps? or as workers for roles yet-to-be defined"?

Generalists vs. Specialists

A number of voices are being raised to warn against overspecialization, partly because psychology is such a broad field, partly because it is hard to know what skills will be needed in ten years, and partly because, if training is too narrow, graduates have "jobs" rather than "careers." Certainly in psychology we do not want "robot-like workers limited to a few tasks" (Kadish, 1968).

As we compared our program with others, we realized how relative the term "specialist" or "generalist" can be. In comparison with psychological technicians trained primarily in diagnostic test administration, our assistants can be considered "generalists." In comparison with "mental health technicians" (trained to be able to help psychologists, psychiatrists, social workers, or to develop their own expertise somewhat apart from affiliation with the traditional disciplines), our assistants (trained to work with and for psychologists) would be classified as "specialists.

The prototype for the assistants, considering the generalist-specialist issue, speaks for many of the assistants as well: "Anytime you have a manpower shortage, whatever you can do to meet the needs adequately would seem to me to be of value, whether generalist or specialist. Realizing that your intent is not to create junior Ph.D.'s, it seems logical that your expectations should not be toward general preparation (such as exists in the clinical doctoral program), but instead should be aimed at meeting critical areas of need. Psychologists don't (by and large) enjoy testing and all that goes with it.

"Their major satisfaction in terms of testing, I think, is derived from analysis of tests, and arriving at a diagnosis and program of treatment. Further, when a university system, with its pressures for research, rates productivity in research as more important than teaching skills, the very existence of people 'specialized' to test (as a minimum) within a given area releases the Ph.D. from time commitments in testing and provides him with a specialist who can alo function within his area of research. That is, an assistant who can test on his clinical service will likely be able to collect similar kinds of data for his clinical research."

The critical issue is what kinds of learning generalize. In our experience, three assistants who have moved from one setting to a new one found the main difference in their second adjustment was that they were now familiar with psychologist s' terminology and habits of thought; they were surprised at how easily they were able to go about finding out the specifics of what they needed to know in the new settings. Thus, while the knowledge of testing and research proved highly transferrable, they described a learning-to-learn phenomenon as equally useful.

Population

Many populations can be considered, with different jobs for those from different populations. Assistants can be drawn from various educational levels from high school graduates through the master's; from psychology graduates or graduates with different majors; from young people and from women whose children are old enough for them to return to outside work. Although most programs favor women, men should not be discriminated against.

Level of Education

In this project, all the assistants were college graduates with academic records good enough for admission to graduate school. In a pilot project and in a controversial undertaking, it was a wise decision to insist on college graduates—we did not know how hard our assistants would have to fight to win acceptance.

Intelligence

Intelligent helpers are a joy to work with, as we found. The staff and assistants agreed that native ability and the wish to learn were as important in success as the training program. However, in large-scale, permanent programs it would not be feasible, nor wise, to set entrance levels so high, although some may think that the words of Belote (1968) apply especially to psychology: "In an attempt to have our activity seen by society as respectable and prestigious, some of us really believe we should teach the best and shoot the rest."

College Major

Based on our experience, assistants should not be restricted to psychology majors, although prior coursework helps them fit into settings more quickly. Training in English proved useful, and foreign language majors used their skills in literature searches. Having assistants from varied majors provided additional insights to each other and to faculty.

Personal Factors

Theodore Blau commented that people who have successfully overcome a severe life trauma are better "human need meeters" than people who have had a good life. Experience in this project lends limited support to Dr. Blau's statement.

An important manpower pool is that of working mothers. We found many highly competent women would have been interested had the program been part-time rather than full-time. It is important also in hiring mothers, especially those working for the first time, to realize the adjustment, the guilt at not being there when children get home from school, and the sense of desolation when children do manage without them, make mothers feel unneeded. Conflicts between the needs of an ill child and the job are other areas of stress.

Women whose life situation demands that they work, and older women returning to work as their children grow older, appear to be better candidates to remain as assistants and find the job fulfilling than do younger women and new college graduates.

Levels of Competence, or the Career Ladder

One of the critical issues for training subdoctoral people is related to the level of knowledge and responsibility at which they are to operate. As might be expected of academicians, one way of looking at the career ladder is to tie in the program to an established academic level. Thus there are programs for high school graduates, Associate of Arts students, bachelor's students, bachelors-plus programs (such as this one) and masters' level programs. These academic levels can be transferred into administrative hierarchies, as exemplified in the Illinois Mental Health Worker program, in which Level I employees are AA degree holders, Level II hold the bachelor's, and Level III hold the master's degree.

If academic degrees determine promotion, what happens to workers such as Kadish (1968) describes: "You know many examples of people locked on some jobs—where you know these people have exceptional talent. They have gone around and asked a lot of questions. They have read on their own. Yet these people, because of the rigid barriers that exist now, have no way to "break out" and be as productive as they can in some related or advanced-upward occupation." One way for such workers to progress is to "go back to school." Another would be to evaluate positions in terms of knowledge, decisions, and responsibility. To accomplish this, we need to know much more precisely what psychologists and their helpers actually do, and we need similar information from professions similar to psychology. Given such information, it would be possible to establish a job ladder which would provide for advancement. One obvious step on the ladder would be the senior technician who supervises or trains incoming junior people. Other criteria for reaching higher levels could be breadth of knowledge, autonomy given, etc.

Degree or Non-Degree Programs

This issue is clearly related to the foregoing. We felt it keenly since our assistants, bright college graduates, worked for us full-time for two years but did not receive a master's degree. Given the realities of present administrative strictures and professional structures, we believe it is very important in contemplating programs to be aware of the effect of a degree or certificate on completion in terms of job placement and status of graduates.

Administrative Salary Structures

Two issues are important here. First, in planning new programs it is helpful to understand the administrative structures of settings where graduates are likely to seek employment. If there are rigid requirements for degrees or other specifications, at the salary levels which are appropriate for graduates, one might decide to peg the program at that level, or begin early an assault on the system.

Secondly, from experience in our program, and in others we have learned of, we realize how important it is to involve administrative persons in any ways which will make them aware of the program, its goals, its potential for helping them in their problems, and to enlist help in planning and in training, with a view toward facilitating the appropriate evaluation of new positions and creation of budgeted lines.

Mobility

Several issues regarding mobility of graduates are important. First, if a program is devoted primarily to women returning to the job market, it is important to assess the market. In a small community with a stable population, a large program would soon glut the market. In a large community, or a community with a mobile population, more students could be trained before reaching the saturation point.

Secondly, from the viewpoint of the student, it is wise to train younger students and large numbers of students who can be expected to work outside the training area in the kind of skills which are likely to be widely needed and easily incorporated into different settings. We did not feel our program was particularly controversial, since we were training assistants to psychologists, not workers to go out on their own (as some fear Mental Health Technicians may do). Yet, in placing one of our assistants outside this area, even with the good offices of our colleagues, we found difficulties. If a program is controversial and acceptance will require individualized interpretation to users, one would be wise not to train large numbers who might have great difficulty finding positions outside of the area where the training staff is known.

Locus of Training

A further consideration is whether the training should be conducted in a university setting, or in a community setting of some kind outside the university, or whether there will be some combination, with formal coursework supplemented by clinical experience in one or more settings. Our program was conducted in a university health center, and we have stated earlier our belief in the advantages of having the assistants trained with graduate students. Dr. Blau, in his report, recommends at least some training "on the firing line" and we agree heartily that placement in community agencies of many types should be used.

There is no reason that we can see why an apprenticeship program in any setting where psychologists function could not provide good training for assistants. In view of the current rigidity of attitude still existing in our profession, however, it is probably wise to train assistants in an academic setting where they will have the prestige of the university behind them as they seek employment after training.

Professional Affiliation

In programs being developed, some, like ours, are deliberately tied to an established profession. Others, like Mental Health Technicians, are trying to find a common ground among overlapping professions. Being affiliated with a profession creates loyalty, provides for exercise of professional control, and affords protection so that the graduate does not find himself alone in a situation he is not trained to handle. There are beginning to be rumblings from those training students outside a profession, that motivation suffers as students do not know whom they are identified with, and as they get caught in inter-profession cross-fire. Considering the problems of acceptance our assistants have found, even within the family, one might well think carefully about the protection of graduates of programs affiliated with none of the established professions. The next few years may well show changes in this respect. There are many reasons to hope that the unidentified new helping people will show us identified professionals where we overlap and where we are unique. Through them we may broaden our outlook, and come to a new way of conceptualizing mental health without the blinders imposed by professional alliances.

Professional Ethics and Responsibility

The issue of professional ethics came up implicityly or explicitly in every professional meeting where the use of non-professional manpower was discussed. We have already stated that we believe that programs identified with a profession, as is ours, offer more safeguards than programs that cross professional lines. We heard many times, and we agree, that there is need for psychologists to face the fact that these new members of the psychological family are indeed on the scene, and to find ways to protect the client, the professional, and the non-professional as well. What safeguards are needed to prevent the non-professional from being exploited? from taking on responsibilities beyond his training and experience? to protect him against being "seduced" by members of allied professions to be their "psychologist."

Various actions were suggested, including encouragement of national guidelines for training, addition to the association's ethical standards, creation of a division of APA for non-professional psychological manpower, even consideration of certification or licensing.

We believe that whatever is done should be done soon. Already there are indications that graduates of various programs are beginning to band together to find an identity. If various professional groups choose not to act, non-professionals by default will have to find their own professional home.

Method of Training-Apprenticeship vs. Formal Coursework

The issues here revolve around the numbers wanted, the consistency of the product, and the cost. Large numbers and a consistent product are associated with academic programs. The low cost of academic programs stems from the fact that the student pays tuition and much of the training can be done in existing rather than specially developed courses. Apprenticeship as we experienced it, however, is not so costly as it appears to some. The assistants contributed to the productivity of the service almost immediately and by six months all supervisors felt that the input to the system more than outweighed the training time they had given. It will take more sophisticated methods than we had available to determine the point at which each assistant earned her salary dollars, and there is of course the larger question of whether society wishes to pay for the services we thought so valuable to us—or indeed, for the services we ourselves perform. The main point is that apprenticeship programs do not cost in reality what they seem to cost on paper, since apprentices by definition contribute to the productivity of the enterprise.

Curriculum

Throughout this report we have discussed the struggles of the professionals as they encouraged or resisted assistants who wished to acquire some body of "professional" knowledge. There is a broader issue, however. With psychology, and particularly clinical psychology, changing rapidly, there are dilemmas in determining whether to teach the old or the new, and which of the new. As Carl Bramlette commented at one of the symposia, "We have a primitive technology in mental health—the challenge of developing a technology is still before us." Certainly, our seven assistants learned many "old" concepts (i.e. Kraeplinian nosology) and many new ones (i.e. behavior modification).

Because of the changes we perceive, and the difficulty in knowing what will be the skills and areas of competence important in 1979, we believe any actions taken by Psychological Associations to support and shelter subdoctoral psychological workers should guard against premature closure in limiting or defining just what knowledge and training new positions will require. Considerable adeptness and statesmanship will be needed.

Availability of Teachers

There are two issues here. The first is that, to the extent that new programs require specialized courses, individual supervision, and small-group seminars, there will be competition with faculties already stretched to accommodate increasing graduate enrollments. Our assistants, like our graduate students, responded best to enthusiastic, motivated, well-prepared teachers.

Programs in which most of the training is conducted through established undergraduate courses would seem to be the answer. But if these programs succeed, and proliferate, they will draw off faculty to cover the increased enrollments. As Vineberg (1966) described the situation, "Great demand for product limits the available teaching personnel, which reduces the capacity of departments to accept students for training. Psychology could strangle in the noose of its own prosperity."

In the light of our experience, we are impressed with the suggestion made by Laurencelle (see PART VII), that subdoctoral training is a challenge for a master's level person, but is a detour from major career interests for most doctoral level psychologists. The proliferation of programs in Junior Colleges supports her statement. It may be that the major training of the future will be by master's level people and by senior technicians who have graduated from programs and gained several years of clinical experience. Our project showed that in many areas "peer" trainers are extremely effective, provided there is sufficient input from the professional level to maintain a high level of competence and reflect new knowledge in the field.

Other Models

In the following section we describe possible training programs which could be developed from the experience of this pilot project. If one considers but a few of the relevant variables—generalist vs. specialist, degree vs. non-degree, recent graduate vs. housewife-mother, clinical vs. non-clinical, academic vs. community, technician vs. technologist—one can generate hundreds of models for subdoctoral programs of interest to psychologists alone. In our discussion we do not consider Associate of Arts or Master's degree programs. This is not because we fail to recognize their importance, but simply because our experience here was with bachelor's level people. The models we describe are intended to deal with one of two goals of the pilot project, (a) increasing the productivity of Ph.D. psychologists by providing them with trained assistants, or (b) increasing the number of trained people available to perform psychological services.

Academic Models

The Bachelor's Degree in Psychology

In this model, a special curriculum for psychology majors would provide theoretical background and practical knowledge which would create graduates immediately useful as assistants. This is the model described by McKinney & Anderson (1967), and it can be developed with subspecialties—i.e. a major preparing for work with clinicians, with animal researchers, in industrial psychology, etc. The advantages are that the program costs little or nothing to administer, once required courses are determined. Students are tuition-paying, and, unless new courses are developed, there is little additional cost for faculty. An added advantage, if programs are well planned, is that students have met qualifications for continuing to graduate school, if they later desire to do so.

Similar programs can be developed on an even broader base, if desired. For example, the University of Missouri has been thinking of a bachelor's level program to help alleviate manpower shortages in the social sciences—the curriculum would involve courses not only in psychology, but also in economics, history, business, sociology and politcal science (Lewis J. Sherman, personal communication, October, 1968).

The advantages of these programs are (a) they provide many workers at little cost; (b) they can be replicated in any university; (c) graduates are better prepared to use their knowledge and are less likely to be lost to or disenchanted with psychology.

Bachelor's Degree in Psychology with Practicum Experience

This program would involve a bachelor's degree program, similar to the one described above. At part of the program, students would be assigned "practicum" experiences in clinical settings. Provision could be made for practicum experiences (a) in concentrated form (for example, a full-time job in the summer after the junior year) or (b) along with coursework (for example, one day a week or two half-days a week during each semester. Students could be assigned different types of settings, some academic and some community. The program, then, would be a combination of coursework and practical experience. Such a program would doubtless involve experiences in self-knowledge, sensitivity to one's stimulus value to others, and appreciation of the feelings of others. This model is similar to the B-Level Paraprofessional described by two of the assistants (see Appendix A, 37-41).

Administrative time required for this model would be greater than that of the previous program, because of the need to arrange practicum placements and to assure adequate supervision and evaluation of performance. Additional courses might have to be developed, particularly in the areas of clinical skills (interviewing, psychometrics, etc.).

The advantage of the model would be that students would be actively engaged in clinical activities with the opportunity for theory and practice to enrich each other.

This model, like the first, could provide many workers at the bachelor's level who could, then or later, enter graduate programs if they wished. Both models would doubtless progide primarily workers in their early twenties, with considerable mobility.

On-The-Job Models

Bachelor's Degree with Subsequent Apprenticeship

These models are modifications of the pilot project, with improvements based on what was learned. Variants which in our opinion are most worth pursuing include: (a) Psychology majors compared with non-psychology majors; (b) recent graduates wishing full-time work compared with women returning to the work force after their children reach school age; (c) full-time workers in comparison with part-time workers; (d) clinical assistants compared with research assistants compred with generalist assistants (as in the pilot project).

Based on our experience, psychology majors and majors from other fields should do equally well, but non-psychology majors would need more attention in the early stages of the program (a) to orient them to psychological terms and concepts, and (b) to permit ventilation of attitudes regarding the personal, ethical and moral implications of applications of psychological knowledge.

We did not experiment with part-time workers, but are convinced there are many women who would welcome a way to meet their commitments to a job and their families in this way. It should be possible to fill, for example, five positions by training ten assistants, five working from 8:00 to 1:30 and five from 11:30 to 5:00, with the time from 11:30 to 1:30 set aside for training the entire group.

In any programs, provision should be made for a progression of levels. In the Missouri program (Sines, 1967) the original technician is now a Senior Technician responsible for supervision and training of the newer technicians. With increasing experience, we can imagine that senior people could be designated by increased competence, by assumption of supervisory or training duties, by authority to work with more autonomy, or by other criteria to be developed. The program recommended by two of our assistants recognizes levels of competence in the discrimination between the B-Level and C-Level Paraprofessional.

Programs of this model will involve more apprentice training than classroom training. Important variables will be the number to be trained at any one time, and the amount of clinical material for learning. Based on the kinds of expansion that occurred here, we believe that in any setting the need for data collectors for clinical and research purposes is so great, or can be cultivated so rapidly, that a sizeable group could be trained at one time.

The advantages of these models, we would predict, is that they would generate more enthusiastic learning than strictly academic programs because trainees would be actively involved in "doing psychology" and would have a close working relationship with practicing psychologists. By being on the scene they would become engaged in more activities than practicum apprentices, and would therefore become more valuable in releasing time of the psychologists.

The disadvantages are that handtooling courses for a few people can be exciting and rewarding for student and teacher, but may not be the most productive use of professional time. One way out of this dilemma would be to concentrate individualized instruction in the first six months of the program. By that time, assistants, even those housewives who at first will not be sure whether childrearing has destroyed their capacity for sustained thought, will have enough confidence to be assigned formal courses presented by the Department of Psychology and other related departments.

Inservice Training Programs

As a result of this pilot project, our attention has been directed to two other groups who could become vastly more useful to psychologists with the expending of a little effort and attention.

Technical Assistants

The first are those research assistants, part-time and full-time helpers of various levels of training, found in most departments. Some of these are students, but most are employees. We suggest a weekly meeting, perhaps a luncheon meeting of this group, at which time they could share with each other what they are doing, and meet with different psychologists to "talk psychology." Encouragement to attend lecutres by visiting psychologists, case conferences, or other relevant learning experiences would be important. In our setting, many of these workers wish to have such learning experiences, but feel guilty about leaving the job.

If it is true that women in our culture are socialized for a high need for affiliation, we predict that recognition that they are seen as respected members of the team who can benefit from learning experiences described above would lead to an increase in morale and motivation.

As information is shared, a group feeling develops and workers begin to notice inconsistencies of procedure from one area to another, with overlapping of effort. We predict that department operations would begin running more smoothly. In our project, the assistants often quietly worked out arrangements between services in terms of scheduling, borrowing and lending needed materials, helping each other in emergencies, and taking on other tasks, often unnoticed by the psychologists, which greatly improved the efficiency of the department.

A third prediction is that professionals would begin to find they were more in tune with the activities of their colleagues, as a result of information fed back to the setting by their own people. In our project, many times psychologists became aware of another psychologist's relevant research reviews, or availability of unusual test materials, through knowledge picked up by the assistants from each other.

In short, we believe that relatively little effort in bringing together and giving recognition to employees already in a department can pay big dividends in motivation and efficiency.

Secretarial Assistants

The second group which we believe could benefit greatly from inservice training includes the secretaries, typists and clerks of the department. The training could be through short courses supplemented by ongoing group meetings, perhaps once in two weeks or four weeks.

Content to be covered could include a description of the department, the various work settings, and the work done in different areas. Common questions (What is the difference between a psychiatrist and a psychologist? What do tests tell you?) could be discussed. A series on terminology and the use of a psychological dictionary would be useful. The group could review carefully the APA Publication Manual, highlighting special requirements which differ from their training. Experts in typing could present advanced workshops in setting up charts, preparing material for publication and other fine points of typing (typewriter care, effects of different qualities of paper, carbon, stencils, grammar and punctuation, etc.). Experts in methods could discuss methods of filing, including retrieval methods for research reference files. Tours of patient care areas, the mail room, purchasing, stockroom, accounting, printing, building maintenance and telephone exchange departments could acquaint the group with procedures and give them personal acquaintance with those whom they often know only by telephone. In a university setting, a series of sessions on grants and grant accounting would be helpful. Each worker could be given for her use a group of materials which implicitly express the expectation that she will become a "professional" psychological secretary. These could include her own copy of the Publication Manual; a psychological dictionary; a secretarial handbook; various directories of the setting, the community, and government agencies; manuals for the equipment she uses, etc.

The group could work out procedures for handling repetitive occurrences more smoothly. Examples would be procedures for welcoming new faculty, new rotations of students, for the beginning and end of an academic term, etc.

The goal of these activities would be to encourage secretarial personnel to see themselves as respected members of the team with their own area of competence. Thinking ahead, problem-solving to imrpove departmental efficiency, would be rewarded.

In our setting, there is no adequate progression of levels so that secretaries can move to jobs of higher responsibility. It was obvious to all that many of the administrative activities of the assistants could have been delegated to well-trained secretaries, if such had existed. We can now see the advantage of having a senior administrative psychological assistant who would understand the activities of the department enough to set up and maintain systems of accounting (for grants, payrolls, patient care, vacations, travel, supplies, equipment, tests, etc.); to control the scheduling and other arrangements related to patient care, teaching activities, conferences and workshops; to arrange for duplication and printing of materials prepared by the staff; to set up procedures for keeping track of the status of graduate students; and to be a central source of information for all on the where's and how's and why's that can be so vital in saving useless legwork and lost motion. If we had such a person, and we intend to request a position for one, it would be logical for him or her to supervise and be responsible for the training of secretarial and clerical personnel.

The main point of recommending these two programs of inservice training is that as a result of the assistant project, we realized that we had not been assiduous enough in mining the gold in our own backyard. With little effort or expenditure we believe we could vastly improve the morale, motivation, competence and efficiency of those who work with us, thereby improving the effectiveness of the professionals as well.

Implications for Psychology as a Profession

In the foregoing sections, we have mentioned areas where we believe the American Psychological Assodation and regional and state organizations could take useful action. These recommendations are summarized below:

1. Decide whether subdoctoral people are to be recognized as "respectable" members of the family, performing valued psychological functions in their own right. The following recommendations assume that this decision is made. If subdoctoral psychological workers are not to be accepted, the decision should be clearly stated and publicized, so that these workers can find a home elsewhere, a trend that has already begun.

2. Make subdoctoral people welcome. Consider a special division of APA where they can find an identity.

3. Consider the effect of the activities of subdoctoral people on the professional responsibilities of psychologists. Consider appropriate safeguards for the psychologist, the subdoctoral person, and the client. Implement these through additions to the Casebook on Ethical Standards, announcements to the profession, establishment of procedures for minimum standards, certification, licensing, or whatever other action is deemed appropriate.

4. Implement the past decisions of training conferences and actively encourage the training of many types of subdoctoral psychologists. Use the influence of APA to encourage government and private funding agencies to support programs and to develop new teachers interested in subdoctoral training.

5. Consider ways of liberalizing attitudes of psychologists toward subdoctoral manpower through research, symposia, articles in The American Psychologist. (A start has been made in this direction.)

6. Encourage communication among persons concerned with subdoctoral manpower by encouraging special meetings at conventions, by maintaining a clearing house of information on these programs, and by publishing occasional listings of new and ongoing programs.

7. Assist national and local groups to establish administrative classifications and grades for various levels of psychological specialists in civil service and in other formal salary structures.

8. Establish a nomenclature for various levels to avoid the proliferation of terms now used—subdoctoral, nonprofessional, paraprofessional, subprofessional, ancillary, supportive, aide, assistant, technician, technologist, helper, worker, etc.

9. Conduct research to provide hard data on the activities of psychologists and the supportive personnel working with them. We do not mean questionnaires asking the distribution of time between teaching and

research. We mean observational data, critical incidents, time sampling, of many psychologists in many settings and situations. The goal would be to develop a more coherent picture of the activities now encompassed in "psychology" so that reasonable levels could be established and training programs could be developed to train persons for meaningful clusters of activities at similar skill levels. Such data would also permit training programs for Ph.D. psychologists to focus on those activities which appear to be uniquely "professional."

10. Establish committees to develop data and training materials for subdoctoral training in psychology. These could include:

a. Bibliographies of books and films especially adapted for training at various levels and skills. Recommendations could come from students in such programs and their instructors, and from instructors in conventional introductory courses. A procedure should be established to test recommendations and revise them in the light of greater experience.

b. A survey of the handbooks developed by individual trainers for subdoctoral workers. Eventually, APA might publish one or more standard handbooks under its auspices. (See also the evaluation report of Dr. Blau, VII-9.)

c. A survey of films and videotapes useful for training specific psychological skills and to impart general psychological content. APA could support the development of materials to fulfill specific teaching functions, and encourage various training centers to use the same materials, to build up data on their usefulness.

d. Development of assessment methods whereby different programs could assess the level of competence of their graduates in comparison with those of other subdoctoral programs, and in comparison with graduate training programs.

Conclusion

In this report we have described the goals, the process, and the results of a project in which we tried to stretch professional psychological talent by training assistants to whom they could delegate whatever activities they chose. We succeeded in our effort, and in the experience learned much about psychologists, and about teaching people psychology. It is strange to be reporting such obvious facts as that work can be delegated, that on-the-job training is possible, that learning need not be assigned but can be actively sought. Psychologists have long known these things. What is there in our professional culture that we apply so little of what we know to ourselves?

Through our experience we became convinced of the value of many kinds of subdoctoral psychological assistants. We hope, by our description of how we came to be convinced, and our successes, our failures, our aspirations and our doubts, to convey to our colleagues a sense of what it may mean if they embark on such a venture as ours. We believe that for them, as for us, the experience will be personally and professionally rewarding.

As a result of our experience, we have come a little closer to understanding what distinguishes a "psychologist" from his helpers of various levels. It is not having a command of a body of knowledge, although knowledge is important. It is knowing how to ask questions, to reconceptualize issues, and to develop ways of finding answers. It is not application of rules and principles—assistants can do this—it is problem-solving, and finding answers where rules do not apply. Finally, more and more, the professional exerts his influence through others—through students, through assistants, through activities as a consultant. The need to teach effectiveness through other people, as well as through one's own efforts, is a new challenge for graduate training in psychology.

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APPENDIX A

Introduction

From the beginning of the project, professional groups have been informed of its progress. Darrel J. Mase, Dean of the College of Health Related Professions, and Louis D. Cohen, Chairman of the Department of Clinical Psychology, have referred to the program in formal and informal speeches throughout the country. In addition, the faculty and assistants have presented papers at psychological meetings. Some of these papers are reproduced in the following pages, while others provided much of the material presented in Chapter VII: The View from Without.

Richard K. McGee presented the initial stages of the program at the American Psychological Association in New York, September, 1966.

A symposium, The Manpower Gap and the Elastic Psychologist, was organized for the Southeastern Psychological Association in April, 1967. The first two papers, by Carl A. Bramlette, Jr., then of the Southern Regional Education Board, and Jesse G. Harris, Jr., University of Kentucky, provide a perspective on the manpower shortage which prompted the present project. William S. Verplanck's paper, "The Master's Level Clinician as a Solution to the Manpower Problem: Rationale" is not given here, as the same material is covered more fully in Verplanck (1967), already published. The paper by Kenneth R. Newton, giving details of the MAPS program is included, along with three Florida papers.

A double symposium on manpower was organized for the Florida Psychological Association in May, 1967, at which time two assistants described their training in a spirited dialogue with the audience. Other presentations at the first half of the symposium, entitled The Manpower Problem and its Impact on the Psychological Community included "The Volunteer in the Suicide Prevention Center" by Richard R. McGee of the University of Florida; "The Teacher Functions as a Psychological Specialist" by S. Allen Smith, Duval County Board of Public Instruction; and "A Proposed Program to Train Psychological Assistants in Community Mental Health Clinics" by Carl E. Begley, Mental Health Clinic of Duval County. The second half of the symposium, entitled The Professional Views of the Newcomer included "The Viewpoint of APA: How Psychology is Attempting to Meet its Commitments," by Theodore H. Blau, then Chairman of the Board of Professional Affairs of the American Psychological Association; "The View from Academe" by Wilse B. Webb, Chairman of the Department of Psychology, University of Florida; and "The Viewpoint of the Private Practitioner" by Melvin P. Reid, Byron Harless & Associates, Inc., Jacksonville, Florida.

The coordinator presented a paper at the American Psychological Association in September, 1967, at a symposium entitled Meeting the Manpower Shortage in Clinical Psychology: Six New Training Programs (to be published in The Clinical Psychologist), and she described the program again in March, 1968, at a workshop entitled New Kinds and Sources of Mental Health Manpower, at the American Orthopsychiatric Association.

In May, 1968, two assistants on their own initiative, wrote a paper describing three possible training programs and presented it at the Florida Psychological Association Meeting in Clearwater Beach, and in November, 1968, four months after the project ended, two other assistants informally described their training and work at the Florida Council of Mental Health Clinic Directors Annual Meeting in St. Petersburg Beach.

A New Program for Training Psychological Assistants - Richard K. McGee

(Paper presented at a Symposium on "Non-Professionals in Mental Health" at the Annual Meeting of the American Psychological Association, New York, N.Y., September, 1966)

When I first began to recount some past experiences with trying to utilize non-professional workers, with an eye toward what contribution I might make to this distinguished panel, I uncovered a storehouse of very pleasant, not too distant memories of three programs which demonstrate exciting ways of using non-professional people to do jobs heretofore largely reserved for the skilled expert. I wanted to talk about all three of these programs, each of which has its own unique characteristics, and its own special message to relate.

In the first place, I wanted to recount some of the experiences we shared at Moccasin Bend Hospital in Chattanooga two years ago when the psychology department took nine college sophomores and juniors under wing for the entire summer, and exposed them to the mental health professions at work, the purpose being to provide some experience upon which these students might base a decision to seek a career in the Mental Health field. Three of them worked as psychodiagnostic technicians, administering and scoring all the usual clinical instruments under the supervision of a staff psychologist who interpreted and integrated the data.

Secondly, I would have liked to talk some about a counseling program called the Listening Post which was established with ministers and housewives as first-aid counselors in a general hospital with a psychologist as a mental health consultant and a general practitioner offering medical assistance. These non-professional counselors were selected, and trained for the job of "listening with compassionate acceptance"—a mental health function which does not require complete professional training. They served as the impetus for establishing a formal out-patient mental health clinic in the hospital, and continue to serve a screening function for the new facility.

Finally, I would have been delighted to spend the entire time allotted in discussing the exciting training experiences we are currently having in Florida in the preparation of non-professional counselors for service in suicide prevention centers. Three programs are now operative, and two more are expected within the year.

I find, however, that upon further contemplation it does not quite seem the thing to do to belabor any of these programs at length. In the first place, Dr. Farberow has just described a very elegant and sophisticated program for volunteers in the area of suicide prevention. He has opened up this area for discussion, and since his program in Los Angeles does follow a different strategy than those in Florida, perhaps we would be better off to compare our experiences during the discussion phase of this program. I see, too, that Dr. Siegel has some experiences to share with regard to college students working at Camarillo Hospital, and I think it best—since I don't have hard data to present—to not encroach upon his topic area. I suspect that by this time, the interest in using non-professional people to perform professional level functions has spread so widely that these three programs which are highly exciting and stimulating to me personally, are really not so unique and not so terribly profound. Thus, in order to make them meaningful, I think it is best to let those who have a major investment and a major commitment to such projects present them in a way which I believe would be more authoratative and, therefore, more appropriate.

And then secondly, these projects with which I have been associated have not focused heavily on the basic question, "How do you train non-professional workers"? This is not saying that we have not been concerned with training nor that we have not spent a good deal of time in some training activity with each project—but the emphasis was not on training, per se. The emphasis was rather on getting a job done, of providing a service which wasn't being provided otherwise in the community. In the Careers Program, we were actually concerned with a need in the workers themselves rather than in meeting a need in the people to be served. But in all cases, the question of a training model came along as a secondary consideration.

Inasmuch as the topic before this symposium this morning really is that of training models, and not programs, or projects for the utilization of non-professionals, I will spend what time remains in reporting on a very new enterprise which is just now being inaugurated at the University of Florida. This is a program which, so far as we can learn, is without precedent, at least as a formal training program. To be sure, reports of the well-known program spearheaded by Dr. Rioch will have many general guidelines to offer, but I suspect the goals and the purposes of her program were somewhat different than ours at Florida are presently conceived to be. It is our intention to explore, through a systematic and carefully managed program, the feasibility of training people to be Psychological Assistants. We hope to develop a program of on-the-job, in-service training through which competent people can learn the basic, general skills performed by clinical psychologists, as well as certain specific, service-oriented tasks peculiar to individual clinical work settings, and learn both sufficiently well to operate comfortably and efficiently in the psychologist's stead when the occasion demands. As a true assistant, our non-professional would thus free the psychologist's time for a variety of other duties or tasks which it generally falls his lot to perform in addition to routine functions. At best, the Psychological Assistant will enable and actually promote greater productivity on the part of the psychologist.

There exists a backlog of experience in our setting for predicting a successful venture with this new program. It began when one of our staff hired a research assistant for work in the Clinical Neuropsychology laboratory. This is a setting which provides extensive psychodiagnostic service to the medicine and neurology services in the Teaching Hospital. The laboratory also maintains an active program of basic research in brain behavior. It happened that this particular research assistant was so capable in learning her research duties, and so eager to utilize all her talents, that when given a chance, she displayed a broad, general capacity for performing clinical as well as research functions. As her familiarity with the purposes of the service increased, the responsibilities given to her to assume became less and less routine. She has been on the job two years, and now she completely manages the service when the psychologist is absent. She offers competent supervision to practicum students, and even to psychology interns when they come on the service. She has a bachelor's degree with a major in psychology, and a desire to self-actualize. She would be a graduate in a Ph.D. program, except that she also has a husband in medical school, an infant daughter and she frequently has a need to replenish the family larder.

Granted that this is indeed a "three sigma" person in many respects, the question is, "Is she unique, or matchless"? We have come to the belief that she is not; that, rather, there must be a number of persons in the community who are mature, educated, sensitive, capable, and either in need of employment financially, or just plain bored with being a housewife, who might fulfill very similar research and clinical functions to assist the professional staff. We have talked some about these beliefs, primarily in an NIMH training grant application for internship stipends.

The Training Branch was apparently equally excited about the prospects of training non-professionals to be assistant psychologists, but they seemed to feel that theirs was not the proper source of support. Instead, our department was asked by the Bureau of State Services to undertake the study and demonstration of the training and utilization of assistants on a contract basis.

The Contractors Proposal set forth these purposes and goals:

1. To determine the feasibility of using assistants in a variety of treatment and diagnostic functions;

2. To identify the knowledge, skill and training needed for effective performance in different clinical settings;

3. To select, employ and assign five psychological assistants to separate clinical services;

4. To develop and complete an in-service training program, including short courses, seminars and workshops;

5. To analyze each psychological assistant work setting to determine the kinds of services which could be provided, and the effect of the assistant on the productivity of the staff psychologist;

6. To develop an evaluation procedure to permit generalizations from the project, covering each aspect of the goals stated above;

7. To prepare a final report suitable for publication on the entire project.

Perhaps I can be a bit more specific about the assistants themselves. We have just completed the screening and selection of six women, and will start them on the initial phase of training on September 1. The recruitment methods for this program were varied. Initially, we used a word-of-mouth procedure and recruited applicants from among the personal acquaintances of our staff members. Word was passed to other psychologists on campus who recommended some of their friends. Later, the central employment office at the University was told of the kind of people for whom we were looking, and they sent a number of applicants. Finally, news articles were released to the local press about the grant and its purposes, and these releases included a statement of how applicants might contact the department. In addition, actual advertisements were placed in the classified section of the newspaper in the "Help Wanted" column. An assessment will be made of the kinds of applicants who appeared as a result of the various recruitment methods.

The six assistants were selected from a total of 65 applicants. Some initial screening was done by the central employment office, and about 35 applicants were interviewed at least once by the program coordinator. She explained the general purpose and duties to which they might be assigned. This resulted in some natural selection, and those who wished to be considered further were then interviewed by at least two, and often three staff members. They took the MMPI and completed some forms which were designed to elicit biographical and self-evaluation data.

The final six selectees were drawn from a pool of 10 finalists. They ranged in age from 22 to 35. Five of the six are married; one is in the process of a divorce. Three of the group have children, all have a bachelor's degree, and one has a master's degree in Russian Literature and History. Only one has a Social Science background, with a major in Human Relations—a combination of Psychology and Sociology. The remaining five have undergraduate degrees in areas ranging from Art to Business Administration.

Some men applied for the job, but were not considered acceptable. It is impossible to attract as high a caliber male as female for a $5,000 salary.

The training program as presently planned will include three phases. The official orientation phase will introduce the assistants to the general hospital routine, to patient procedures, to administrative matters of the hospital and the psychology department operation. The second phase of training will include general clinical content. Classes will be held in Psychological Testing, including the administration and scoring of the basic clinical instruments for intellectual and personality assessment. The assistants will also be taught general methods of group observation in order to assist in the group psychotherapy research in the department. A Human Relations training group following the NTL Laboratory method will be included for a period of two weeks. The third phase of training will begin about a month to six weeks later. This will be in-service training on the specific clinical service to which the assistant is assigned. This will be designed to sharpen and refine their general skills from the initial training, and to give them training in activities which are relevant to the specific service. This phase will continue until the assistant has attained sufficient grasp of the service to function in the assistant capacity.

There are certain points of congruence between the Psychological Assistants project under contract at Florida and the Mental Health Counselors study undertaken by Dr. Rioch at NIMH. For example, the type of persons being considered are very similar. They are expected to be college graduates, most likely without any graduate training. They must be intelligent, curious, and motivated to learn. They must be mature, responsible, have some demonstrated interest and ability to help others, and display a warmth and sensitivity to interpersonal relationships. Further, efforts will be made to determine how far these people can safely venture into a variety of actual treatment activities.

On the other hand, there are some points of divergence between this and previous programs. In the first place, the design calls for employing some assistants from the population of recent college graduates, who are just beginning a work career. Not all will be of housewives whose family commitments have lessened to the point where they have time for developing unused capacities. Unlike the suicide prevention workers, these people will be full-time paid employees. The training program will be largely of an in-service nature, and most likely not longer than one academic year. There is no thought in this program of developing a new profession. Rather than give intensive training in one area of clinical functioning—psychotherapy—the assistants will be given general experience in the full range of clinical and research duties of psychology. Since they are trained only as assistants to the staff, there need be no problem of certification for independent or autonomous practice, or of whether or not to grant a degree equivalency certificate upon completion of the program. Since they will be employees during training, their employability will be assured upon termination of the training phase of the contract. Finally, there seems to be no parallel to this project with respect to the fact that it is being conducted within the academic setting of a university department. The assistants will be exposed daily to the same academic and patient service environments as those provided for graduate students and interns in clinical psychology.

Perhaps I should point out that we recognize—in fact we are somewhat motivated by the fact that this program represents a rather significant change in the conceptualization of what constitutes psychological service, and professional service, and professional functioning. Maybe we are becoming more realistic about the magnitude of our impact on the world in which we work; maybe we are becoming more realistic about the non-professional as we realize that there are many people to whom we can turn who can, indeed, do much of the world's work; and maybe we are becoming very impatient with the demands of our time which constrain our energies, and inhibit our intellectual growth and productivity. At any rate, we are certainly witnessing a change in our thinking, in our training, and in our expectations for ourselves as well as others in the performance of psychological services.

There is no gainsaying the fact that such a change is the central theme in this symposium. It is rather obvious from the papers presented thus far that, at least to this group of panelists, the prospect of even drastic change poses no threat to our professional integrity. If there are those, as there surely are, who tend towards a more conservative stance, perhaps we might recall a statement attributed to Marcus Antonius in the Second Century when he exhorted his contemporaries to "Observe always that everything is the result of a change, and get used to thinking that there is nothing Nature loves so well as to change existing forms and to make new ones."

Thank you.

The Manpower Gap and the Elastic Psychologist: New Attempts to Stretch Psychological Talent to Meet Increasing Demands

(Symposium held at meeting of Southeastern Psychological Association,
Atlanta, Georgia, April 14, 1967)

Introduction to Symposium - Mary H. McCaulley

Many pressures have been converging to force psychology in general and the service-oriented specialities in particular to introspect about psychology's ability to meet present and future responsibilities. An educated public turns to psychologists for help in solving more kinds of problems. Government and private projects have brought more persons to existing treatment facilities, and have broadened the range of activities in which psychologists are involved. The shortage of psychiatrists, as Albee pointed out in 1963, has led to expansion of responsibilities of psychological clinicians. Furthermore, psychological research is creating new models for treatment of emotional disorders and for promotion of emotional and cognitive development, leading to a broadened participation by psychologists in treatment and prevention activities. For some years, there has been developing a sense of crisis in psychology, as demands from outside the profession increase, as the profession itself learns more and promises more, and as the available professional talent falls farther behind the public need and the profession's promises to deliver service. This symposium is devoted to the gap between these promises, implicit or explicit, and the profession's ability to meet them. The session focuses on approaches to solve the manpower shortage by delegation of certain professional activities to persons with training below the doctoral level. The plan of the symposium is to present, first, an overview of the history, present status and future projections of the manpower gap; second, a consideration of the issues for psychology as a profession which are encountered in various attempts to bridge the manpower gap; and third, a consideration of two attempts to train psychological specialists, one program at the master's level, the other an apprenticeship nondegree project for college graduates.

The Manpower Gap: Public Expectations and Psychology's Capability to Deliver - Carl A. Bramlette, Jr.

The demand for mental health manpower consistently outstrips resources. In the last decade, many efforts to train additional personnel (most notably, the NIMH and the Veterans Administration) have succeeded in adding new workers to the manpower force, however, they have not succeeded in closing the gap between demand and supply. With the advent of new programs (especially the Comprehensive Mental Health Centers) the need for personnel has reached a critical point.

It is now generally conceded that the gap will never be closed in the framework of existing training for the traditionally conceived mental health professions, namely, psychiatry, psychology, social work and nursing.

SREB has, since 1952, had an active interest in increasing mental health manpower in the region. Comprehensive state surveys conducted in 1953-54, revealed approximately 600 psychologists employed in mental health agencies. This figure, 600, may admittedly be somewhat inflated since the criteria of what constituted a psychologist was left to the state survey teams. Also we cannot be certain whether or not these were full time personnel. At any rate, over 10 years ago, the region claimed 600 psychologists in mental health agencies compared to an optimal number of 4,260.

In those days there were eight APA approved clinical/counseling programs. The total number of Ph.Ds granted in 1955 was 78 or 11% of the national total—this includes all specialities. We have made significant progress in our training programs. There are today 17 APA approved clinical/counseling programs. The total number of all psychology Ph.Ds. granted in 1964 was 178 or 19% of the national total.

What effect has this increased training had on mental health agency personnel figures? In the absence of state survey or other hard data—we are forced to extrapolate from figures given by the APA and studies by the NIMH of the figures in the National Register of the National Science Foundation. If we apply percentages obtained from a survey conducted by the National Science Foundation with the assistance and counsel of the American Psychological Association to the total number of psychologists in our region, we come up with some startling findings (National Register, 1964).

Of some 23,000 psychologists in the United States, 15.8% or approximately 3,600 reside in our region. Two-thirds or 2,400 of these indicate that the "principle service" they perform or the "product" on which they work is "related to the field of mental health. Of these 50% or 1,200, indicate that they are employed by educational institutions (universities, colleges, secondary schools, medical schools), 9% (160) in private practice, 10% (240) in non-profit but non-governmental organizations, and—the figure most meaningful for us, 25% or 600 in governmental (local-state-federal) mental health programs. So in a period of a little over 10 years, in a period in which training facilities doubled, our best estimates of the increase in psychology manpower in mental health agencies comes up with a big fat zero. Six hundred in 1954, 600 in 1964. Such figures defy our credibility and I am hesitant to present them. There must be an error somewhere or there must be extenuating circumstances. And I certainly do not intend to let these figures stand without further studies. However, it is my guess that any errors which we find will be small and that the figures will support the fact that current training efforts will not close the gap between demand and supply.

No one can deny that we are far behind the goal set in 1954 and that the region still lags far behind the nation in psychology manpower. The SREB states have only 15.8% of the total psychologists, compared with 30.3% of the total population.

Such figures are even more sobering when considered in the light of rapidly increasing demands for psychological services—demands which have been at least partially created by promises that professional psychology has made to the public.

But more importantly the demands for psychologists come from rapid changes taking place in the world around us.

Whether you subscribe to the Great Society or whether you still cling to the New Frontier—you must be aware of the rapid growth of people-oriented programs in this nation. We are in a real revolution in which more and more people are being brought into, and are demanding a voice in, the decision-making that shapes their destinies. We are having to deal in program planning with types and classes of persons whom we have never had to talk to or work with before.

There is a growing dissatisfaction with the established order of doing things. Institutions, agencies, and the power structures are being threatened and even directly attacked. More and more the under-priviledged are receiving the message that they are entitled to opportunities on an equal basis and they are in turn demanding these.

I am referring here to a broad system of services which focus on the individual—the person and his growth, breakdown, repair, rehabilitation and further growth. The Great Society declares that these opportunities—and services—shall be available to all people regardless of their status, age, income, or what have you. This is a revolutionary—some would say evolutionary concept—with an explicitly stated goal—a goal which has never before been so clearly enunciated—spoken out loud so that people can hear it. It just says that because he is—he does receive. He does not have to earn the right to proper education, health, care, etc.

When people begin to look to existing agencies and institutions for these new services, they run into immediate barriers—which can be described in terms of requirements for admission, inadequate or narrow agency goals, referrals to other agencies, gaps in services, staff resistance, treatment modalities designed for special type clients, partial services, etc. Recognizing this, governmental guidelines are demanding new arrangements in the form of inter-agency compacts, and the necessity for a new professional—the expeditor—the worker who can help the citizen find the right agency.

The boundaries of existing systems and agencies are being attacked by those seeking service—referrals are resented, etc. Not only is there a negative reaction to restrictions of agencies, there also is a negative reaction to professional guidelines. There is less concern for who gives the service than there is for whether or not the person is served. There may be more emphasis in regulatory mechanisms on providing services than in protecting the public. Legislation may come to focus more on assuring that service gets performed rather than on controlling who performs it.

How do we respond to these demands? How do we meet manpower needs? The answer is not to be found in any simple set of demand and supply relationships, or in ongoing employment policies and practices. Such key words as "supply," "demand," "development," and "utilization" each represents a complicated cluster of ideas.

Among a number of partial answers to this question, there are four which must be considered, only one of which is the topic of this symposium:

1. First is to train more mental health professionals. The fact that we cannot expect to close the gap by this approach alone does not allow for any cessation in our attempts to recruit students for, or decrease our attempts to establish new, traditional-type training programs. The competition for students is such that we must increase our efforts in this type training in order to keep the status quo in numbers now being trained.

2. Second, and many would believe the most important, is the need for reconceptualization of the meaning of mental illness and a consequent restructuring of mental health programming. Whether we strive for a totally new structure of mental health practices (Albee, 1967; Szasz, 1961) or for significant marginal changes (Comprehensive Community Mental Health Concept), such new ways of perceiving do demand changes in real manpower needs.

3. Third, is better and more creative utilization of existing mental health manpower. How do we deploy existing personnel for what kinds of functions? Are we tied to existing professional practices and training or must we continually retrain for different functions? We must experiment with current practices and develop effective programs of continued education.

4. Fourth, is the possibility of developing a new type of mental health worker. It would be interesting to speculate on the possible development of a new to-level professional worker, the roles of which would be based on a systematic analysis of the functions needed in an ideally constituted mental health program. It is safer, less threatening, and more realistic, however, to consider ways of filling the manpower gap which exists between professional and non-professional workers. There is considerable evidence that the greatest possibilities for relief of manpower shortages lie in the development of middle-level workers.

Darrel J. Mase, Dean, College of Health Related Professions, University of Florida, has called for what he calls "semi-professional personnel" in an address before the Association of American Medical Colleges:

> Not only must the physician learn to delegate tasks to others, but the clinical psychologist, speech pathologist, medical technologist, physical therapist, occupational therapist and the many others representing the health professions must learn to delegate to others responsibilities which they have previously assumed they alone could perform. The one-to-one relationship enjoyed by physicians and those in the health related professions as well as by patients, families and loved ones must become a thing of the past if the services demanded by society are to be offered and quality is to be maintained. Effective utilization of mindpower demands that an ever increasing number of semi-professional personnel and technicians must perform tasks previously performed by those with advanced education and training in their respective professions.

There is no lack of concrete evidence that many of the functions currently relegated to professionals can be taught to and carried on by others.

A review of efforts to make better use of current skills and develop new techniques and approaches reveals a wide range of effort. To mention only a few, Rioch (1963) pioneered in demonstrating that psychotherapy as effective treatment technique could be successfully taught and used by persons other than traditional personnel. Carkhuff and Truax (1965) have taught specific elements of therapeutic behavior to psychiatric attendants. Briggs (1963) and Cutter (1960) have utilized representatives of the client population as therapists. Bion (1946) has described a therapeutic approach that does away with the therapist entirely and puts the client group on its own. Others have utilized visitors (Freeman and King, 1957), the indigenous non-professional (Reiff and Reissman, 1964), non-professional volunteers (Heilig, Farberow, & Litman, 1967), children (Kameny, 1964), mothers for their own children (Wahler, Winkel, Peterson & Morrison, 1965), and college students (Umbarger, Dalsimer, Morrison & Briggin, 1962; Zunker and Brown, 1966). In all of these attempts it has been necessary to look at the functions to be performed rather than at the professional degree or affiliation of the therapist. The educational level has varied from elementary school through graduate study. In almost every situation, the functions defined and taught were limited to particular situations in specific settings.

There has yet to emerge from these efforts a description of functions which implies the development of a new type worker with applicability to a wide variety of settings. In other words, no new occupation or professional has emerged. Without a more generalized development which has ready chance of replicability in training, employment, and utilization, current efforts will probably have no more than local, sporadic effect on manpower needs.

There are many forms that these middle-level workers might take—both in terms of function and training. Nursing has developed many levels—ranging from the LPN to the Ph.D. with ADN, RNs, MAs in between. Social work is looking seriously at various levels of case aids and BA level workers. Even medicine is looking at a new level, the medical assistant—someone less than a doctor but more than a nurse. What shall psychology do?

We have possibilities for developing workers at several levels—AAD, BA, MA. I will leave it to the other participants in this symposium to describe these various developments—the joys and sorrows of attempting to introduce new level workers in psychology.

Let me move to a level of abstraction which I feel we must approach if we are ever to comfortably consider the development of new levels of professional, semi-professional, or sub-professional workers within our profession. I refer here to a basic value system out of which developments must grow and in which they can be tolerated.

I believe psychology must, and has the ability to, create an institutional system of its own which admits persons to it according to their ability—to practice, to teach, to study, to do research—and allows them to make contributions and be upwardly mobile in that system according to their capabilities and motivation. It should be a system which incorporates the process of evaluation, change, re-evaluation, training for new skill, discovering new knowledge, translating that knowledge into practice, etc. To meet the challenge of the times, it cannot be a system with rigid boundaries, guild-like rituals which admits persons to particular levels of practice or contributions. It should not attempt to emulate some existing model (medical or otherwise). Neither should it be merely a reaction against some existing model (George Albee or otherwise). Its model, while growing partially out of demands made upon it, should call upon its own processes and provde the structure which permits its potential contribution. Let me point out some of the possibilities that the model must allow.

1. It must allow the discovery of knowledge across the total range of human behavior and experience. There must be freedom to look at all of man's experience.

2. It must allow for this new knowledge to be translated into practices which enable and support man to grow, to be repaired or repair himself, to sustain himself in, to achieve entry or re-entry into society, and to continue toward his potential in that society.

3. It must allow that these practices be translated into specific techniques and skills in order that they might be learned by a variety of helping persons.

4. It must somehow allow these helping persons to function at a skill level consistent with their ability rather than one defined by some extraneous criteria of number of years in school, number of years experience, age, sex, color, or what have you.

5. It must allow for admission to the system according to the practitioner's skills and capabilities, and provide opportunities for continued growth so that each individual joining the system has the promise of satisfying his full potential.

6. It must achieve all this in the framework of a value system which seeks this growth potential not only for its own members but also for those outside its system.

7. And finally, a note of reality, it must recognize that these goals are always being sought for, rather than achieved.

I am not prepared to define the model, nor to point up the implications for all current existing models. I do offer some observations.

Psychology's full impact will likely be felt only if it stays, at least partially, out of other systems. Becoming identified with another existing system—be it education, health, welfare, or what have you—calls for commitments to that system which may restrict the psychologist in his total contribution. Research conducted within a current institution may draw too narrow limits on the range of behavior that can be looked at in that system.

The model should in some way provide real support and guidance to the psychologist who does enter another system. Rather than abandon the clinical psychologist to medicine or the industrial psychologist to business, the model must provide strong enough bridges so that the psychologist is not continually having to make decisions wherein his allegiance lies. Currently it does seem to provide an identity and port of refuge to the Ph.D. psychologist—if the decision gets too tough and if the choices are too threatening, he can always return to mother university or to the guild—the guild being that group that has defined the Ph.D. as a journeyman level of professional practice. However, this group has abandoned to his own devices the subdoctoral—whether he be an A.B.D. (all but dissertation), MA, or BS—largely regardless of the individual level of skill or contribution. There is much talk about the manpower waste associated with attrition in graduate school. A recent study (Tucker, 1964) shows to the contrary that dropouts from the doctoral programs in the social sciences are usually performing functions satisfying both to themselves and to their employers. In fact, there is some evidence that, for psychologists at least, the employers are more than well pleased with the A.B.D. and M.A. because they stay longer in the job and have somewhat deeper commitment to their employer's system.

If our value system does speak to the needs of those outside as well as inside our models, then we must be concerned with translating our skills into manpower resources which can serve others.

And so our model of a science and a profession must provide for continued growth of all in it. There is no such creature as an educated person—we must create a learning community in which all members are assured of continuing education. The model will put less emphasis on having arrived and more emphasis on becoming.

Psychology, the study of man and his behavior, has an inherent value system which speaks to a man's growth toward his potential. I suggest that this value system be a foundation stone in building a scientific and professional model which calls upon its own truths while meeting society's demands.

The Elastic Psychologist: Problems and Issues -
Jesse G. Harris, Jr.

The word "elastic" inserted in the title of this symposium by the organizer of the event has led to considerable eye fixation and preoccupation on the part of a number of persons. In my effort to clarify the intended meaning, I began to free associate and subsequently to reflect on the quality of elasticity. When an elastic object is stretched, it returns. When it is stretched farther, it returns faster and with greater force. In the style of the antithetical life and death instinct of Freud, or the compulsion repetition, the professional psychologist must, at intervals, shrink in order to find out how much farther he can be stretched on a subsequent occasion. If he should discover in the final stretch that he is capable of producing, by mitotic fission, a new subspecies of professional life, he may find it worthy of his time to contemplate the potentialities and the shortcomings of the generation of psychologists to which he belongs.

The clinical psychologist who has evolved during the past 20 years and who, despite the prompting and encouragement of his academic mentors, has found it difficult to adopt as personally suitable the scientist-professional model of the Boulder Conference, can supervise testing and often can remember the standard instructions for administering the tests. He can interview, conduct, and supervise psychotherapy with individuals or with groups, consult, write, publish, teach, give P.T.A. talks, and agree or refuse to listen with a professional ear to his neighbor's personal problems. He can administer file drawers, and sometimes groups of people. As a sideline, he learns to become an airline passenger and to read papers prepared, on some occasions, months in advance of a convention. With regard to technical skills, he is often experienced in the operation of a tape recorder, and less frequently in the use of other forms of experimental apparatus. The clinical psychologist who works in a community mental health center may be performing, as Dr. George Albee suggests, the same old act under the same psychiatric tent, with only the exterior appearances of a new side show. He may, as one of my colleagues in the Louisville Veterans Administration Hospital, Dr. Morton Leventhal, suggests, be turning into an anachronistic buffalo, particularly if he begins focusing his attention on a less fearsome species of subdoctoral clinical life. With all of his virtures and limitations, the Ph.D. clinical psychologist has achieved a position of respect as a professional, and in many instances, as a scientist in contemporary American society.

The questions with which we must deal today are first of all, "Should the clinical psychologist who has arrived under the big tent develop a new species of side-show life"? and, secondly, "If he needs a new side-show, should it be placed under the same medical canvas, or will it require a new roof"?

Reflecting on the conference on Mental Health Manpower sponsored jointly by the Department of Psychology of the University of Kentucky and the Kentucky Psychological Association on December 9 and 10, 1966, in Lexington, I would like to focus on several major issues and a number of secondary issues introduced by the principal speakers, Professor George W. Albee of Western Reserve University and Professor William S. Verplanck, Head of the Department of Psychology at the University of Tennessee.

1. Does a slave-master relationship still exist between clinical psychology and psychiatry?

2. Is the professional status of the actively practicing Ph.D. in clinical psychology too insecure to permit the endorsement of new subdoctoral graduate training programs in the clinical and related areas of psychology?

3. Are the clinical techniques currently employed by psychologists too advanced to be incorporated in an undergraduate curriculum?

4. Will an embarkation on new subdoctoral programs in psychology require a new training facility, sponsored and operated by psychologists?

Examining these issues, one at a time, we might ask,

1. Is the slave-master relationship, as described with a flavor of oratorical exaggeration by Dr. Albee, an appropriate description of the professional association between a clinical psychologist and a psychiatrist? In some institutions in which medical practitioners of psychotherapy have been floating for a number of years in the sublime mist generated by the father of psychoanalytic theory, and have been properly initiated into a role of ascendancy by the rites of the medical order, this relationship does clearly exist. Even psychologists who are actively engaged in clinical practice in settings in which psychiatrists are eclectic and minimally concerned with status, perceive themselves in a secondary role as a consequence of two inescapable facts:

a. the psychologist usually does not make final decisions on the disposition of seriously disturbed patients, and

b. the psychologist does not hold in common with other clinical practitioners at the doctoral level the privilege of administering somatic treatment and, as a secondary consequence, the very special privilege of designating his technique of treatment "psychotherapy," if he is permitted to exercise any technique at all.

All else in the slave-master relationship seems to be a personal expression of dominance, depending on the individual psychiatrist's need to traffic in ego and the willingness of the psychologist to enter into the role of subservience. As long as the clinical psychologist does not, in his graduate training, prepare to make final decisions on the disposition of seriously disturbed patients or to prescribe drugs or physical treatment—and it seems unlikely that Departments of Psychology will want him to do so—the element of subservience in relation to the psychiatrist will continue to exist, regardless of the emotional reeducation of all parties concerned. The fact that a psychiatrist is, more often than not, genuinely concerned with the outcome of his treatment, however crude or naive his techniques, and concerned with the ultimate fate of his patient after termination of treatment, is sometimes lost in the hassle over who can do what to the patient within a fixed interval of time with a variable ratio of reinforcement.

Although the clinical psychologist may have become disturbed by the dark shadow of medical power in the restrictive clauses pertaining to payment for services of psychologists in the new Medicare law, he should have misgivings about any contemplated total withdrawal from the penumbra of the medical umbrella. The exhortation to make such a move would be, after all, contrary to the ongoing trend toward interdisciplinary activity in all major scientific disciplines. It has been my observation that attempts to further easy communication between professions have, in most instances, proven fruitful.

How much oratorical license, for purposes of emphasis and incitement to action, can be permitted in the charge to engage in an impassioned rebellion against the medical father figures, is a question to be decided on grounds of wisdom. It seems to me somewhat less than scientific to conclude with Professor Albee in the mid-nineteen sixties that there is no evidence for anything biological in mental illness. I am not willing to reach this conclusion in the area of schizophrenia, for example. It seems quite possible that constitutional factors, whether alterable or not, may place limitations on tolerance for conflict and stress, thus contributing to deficiencies in the capacity to cope with problems of living which result even in the minor personality disorders. In a report of mental illness in Baltimore by Pasamanick (1962) approximately one-third of all cases had psychophysiologic, autonomic and visceral disorders. Whether biological science is involved in either the etiology or the outcome of emotional disorder, it cannot be ignored by psychologists. An abandonment of interest in the organic would rule out the recent development of the important area of neuropsychology, which can thrive only in the medical setting, and which seems to be conducted most efficiently with the assistance of psychologically trained assistants or technicians. Even more significant, the move away from medicine would court the type of diagnosis often found in the counseling clinic which involves, at best, a subliminal awareness of the probabilities of accompanying physical disorder, simply from lack of experience with the total diagnostic evaluation.

The total rebellion in training involves also a rejection of the so-called "medical model" for psychotherapeutic treatment. The parent-child model exists in many different versions, within and among several different professions, including even the ministry. Confidence in a therapist as a special figure in a patient's life cannot be eliminated as a necessary ingredient of the psychotherapeutic process by calling the model "non-medical" or by introducing a Chapple Interaction Chronograph. Nor can climbing inside the patient's phenomenal frame of reference convert the relationship into an equalitarian one. Unless one really believes that he would find a significant difference in the overlapping curves of psychologists and psychiatrists along with single dimension of authoritarian approach to the person-to-person interaction in psychotherapy, it would be difficult to formulate an hypothesis of a reliable difference between the "medical model" and the "non-medical" model. The only unquestionable difference between the models, it seems to me, is the fact that the former practitioner can and does read pharmaceutical calendars with sufficient regularity to write prescriptions for medicines with an acceptable degree of competence, even if not with legibility. That difference is undeniable.

Like many other psychologists, I enjoy a good rebellion now and then. A rebellion is refreshing and rejuvenating. But I insist, as a modification of Dr. Albee's view, that we, as psychologists, cannot afford a mass emancipation which adds only one more totem-rejecting African state to the United Nations of Anti-Medicultists.

Given my observation that we may have more to lose than to gain by a total rebellion and absolute separation for purposes of training from the medical profession, why do we, the Ubangis, find ourselves afraid to capture and educate, for purposes of servitude and for training, a band of 4' 6" subdoctoral pygmies? Is it possible that we are so liberated from authoritarian trends in our personalities as psychologists that we cannot tolerate the thought of a slave-master relationship within our own profession? Or is it possible that we have fears that the clinical techniques we employ actually can be communicated to persons who do not wish to spend six years in graduate school and who may be unable to master factor analysis or who are unmotivated to attempt a doctoral dissertation?

2. We may now move to the second major issue—the very real status problem for the Ph.D. practitioners of clinical psychology. It was quite interesting to me and to a number of conservative experimental psychologists on our faculty at the University of Kentucky to note that after an audience had been stirred by the declaration of independence of Dr. Albee and the concrete proposal by Dr. Verplanck for a new subdoctoral graduate program, a number of practicing clinical psychologists with Ph.D. degrees reacted quite negatively to the suggestion that we develop a new master's level specialist.

Such a subprofessional might prove to be a rival handmaiden with the social worker in the psychiatrist's domain. Who would become the favorite handmaiden—the social worker or the psychological worker? We already have a bit of creeping social workism, as one of my associates in Kentucky describes it, and now we will be getting creeping psychological workism. Such a psychological specialist would undermine the progress made over the past 20 years in establishing clinical psychology firmly as a ranking professional specialty. Only a specialist with a bachelor's degree could be so far beneath the status of the Ph.D. as to eradicate all possibility of misuse of his title, his skills, or confusion of his prestige level with that of the Ph.D.

It seems to me that workable solutions to long range problems should not be obscured by temporarily expedient political maneuvers to protect for the next 10 years the status of Ph.D. clinical psychologists in relation to the medical profession alone. The medical setting is not the only arena in which the clinical psychologist functions and medical superintendents of state clinical institutions who are seeking a labor force at minimal cost are not the only potential employers of subdoctoral psychologists. Dr. Nicholas Hobbs, as well as Dr. Albee, has pointed out quite strongly, on several occasions, that the future of clinical psychology lies only partially, if at all, in the household of medicine. Much of what we have to offer and will have to offer in the next several decades can be appropriately administered by patterns and role models more nearly like those of the field of education, which psychology long ago abandoned in its effort to rid itself of a service orientation. The irony of it all is that psychology was quite willing to reacquire hastily the service orientation which it tried to abandon in the early 1900's when the Federal government whispered, in the late 1940's, through the channels of the Veterans Administration, "We've got big money if you will show us how to spend it!," and also provided the possibility of emulating the high prestige profession of medicine instead of the profession of education.

The point is this: we must aim for the target. The objective is to delegate to less highly trained specialists skills which are appropriate for their potential levels of competence, their ambitions, their age levels and their maturity, as assessed by reasonably careful, but feasible screening procedures. If a bachelor's degree program should be found to be preferable to a master's degree program, the difference should rest in the greater efficiency and economy of the educational program, and not in the political motive of removing from the scene, as far as possible, the threat to the prestige of a Ph.D. practicing psychologist.

3. Are the clinical techniques currently employed by psychologists too advanced to be incorporated in an undergraduate curriculum?

The bachelor's degree program can provide an adequate solution only if it can be reasoned that the training would be sound and sufficiently advanced to offer something of a professional nature to a patient or client, whether he suffers a mental illness or simply a myth of a mental illness. We may train shuffle board players, Chinese checker players, sisters of merciful comfort, and stimulating conversationalists at all levels to provide that hitherto inadequately identified ingredient of psychotherapeutic treatment known as warm human contact. But sophisticated professional diagnostic evaluation or treatment, at whatever level and of whatever variety, is another matter.

Dr. Albee has recommended a bachelor's degree program in just one sentence, with no description or elaboration. Clinical psychologists in Kentucky who have become panicky over the thought of a new generation of master's level practitioners recommend hastily that somebody—somebody else—think about the possibilities of a bachelor's program. But to my mind, no one has sat down and faced squarely the issues involved.

a. College students of age 19, even bright ones, are extremely immature to be embarking on a full scale clinical curriculum in their junior year of college.

b. Granted that a very limited number of majors in psychology are sufficiently mature and stable to function effectively in clinical activity, the task of screening candidates for such a program, already woefully inadequate for doctoral programs, would require even closer safeguards at the bachelor's level. Individuals who might be dropped or held in questionable status for reasons of immaturity at age 19 or 20, might well be permitted to advance in the program at a later stage in life. And where does the 35 or 40 year old housewife fit in, if she earned a bachelor's degree 15 or 20 years ago and is now deprived of the opportunity to enroll for graduate work in an area of particular interest to her?

c. If the purpose of an undergraduate program is primarily to provide a liberal education, while offering secondarily preparation for a specific occupation, why should a two-year professional curriculum be packed sardine-fashion into a four or even into a five-year bachelor's program? I have seen no formal curriculum for special subdoctoral training in the area of psychology which requires less than two years of full-time course work. If the requirements for clinical competence go clearly beyond the usual academic requirements for a bachelor's degree, it seems to be an injustice to deprive a candidate of an additional diploma solely because the status of the Ph.D. in clinical psychology must be safeguarded. I have been able to find no other motive for the recommendation of a bachelor's program.

d. Some clinical psychologists have advocated the training of persons who already possess bachelor degrees with a major in psychology, in apprenticeship fashion for special jobs of laboratory work, or testing. The master guildsman would then be emulating the specialist in internal medicine, who sometimes trains a 21 year-old girl to run the electrocardiograph or to conduct other laboratory tests.

No one can seriously object to such tailor-made, on-the-spot training if he recognizes two serious limitations, one for the guild master and the other for his apprentice.

(1) The professional is responsible for any malpractice or incompetent practice on the part of his uncertified apprentice, if a legal claim should arise.

(2) The apprentice has no standard diploma with which to move from one academic merit system or state civil service system to another. The status is at best an unstable one, unless one makes a long-term career in the institution in which he was trained.

If an institution and an individual apprentice should wish to enter into such a training contract with the risks and limitations of the arrangement clearly understood, then I find the program entirely acceptable.

4. The fourth major issue is concerned with the necessity of developing new training facilities for new subdoctoral training programs. On this point, I can agree wholeheartedly, and without reservation, with both Dr. Albee and Dr. Verplanck. University departments of psychology do need facilities in which their clinical staff members can maintain a direct

hand in clinical activity, according to a value system defined by psychologists, in direct interaction with graduate students in clinical psychology. Whether the clinic should evolve into a large scale psychological center, as described by Dr. Albee, is a question answerable only by local conditions within a given University.

I have purposely avoided elaboration on the possibilities of a master's level program and on the psychological clinic, because I have wished to leave a full statement on these topics to Dr. Verplanck.

I shall anticipate Dr. Verplanck's presentation by stating that I believe it is possible to view a master's level specialty program as something other than a new and radical departure from present practices which will undermine our entire doctoral system in clinical psychology. The special master's program can be regarded simply as a noticeable improvement in content over an antiquated academic program for terminal master's candidates. Our present contingent of terminal masters in psychology present themselves to state offices without adequate credentials for functioning in a clinical setting, land jobs, and in some instances, migrate toward the nation's capital, with a clinical aura that has never been dispelled by the all-too-soft realities of a nation that is desperately in need of manpower. My only serious caution in endorsing the proposed program for a Master of Arts in Psychological Services sponsored by the University of Tennessee is that we sample the end products on a limited scale before proceeding with an expansive subdoctoral training program. The Tennessee program may not be the optimal one. It is possible that one year of graduate work closely coordinated with a well designed junior-senior undergraduate curriculum will prove to be more efficient and fully as effective. The well-known problems of status for subdoctoral specialists in psychology may persist into the future with new programs, as they now exist under traditional master's programs. It does seem unduly conservative, however, to introduce into national debates the inadequacy of traditional programs which were never designed to meet specific needs of society as a precedent to preclude experimentation with newer programs which are being designed to coordinate training with job function.

An alternative proposal for an interdisciplinary program at the master's level, involving possibly psychology and education, and producing some form of mental health worker instead of a psychological worker, has not been explored fully, to my knowledge, in any institution. As long as the dominant motive for establishing such a program is to enrich the curriculum rather than to escape the shadowy issues of status particularly with regard to avoidance of the use of the word "psychological" for the subdoctoral specialist, I would hope to see experimentation with such programs.

Returning now to the remote associations of my opening comments—the professional population explosion is upon us. We may refuse to procreate, as has the medical profession throughout the twentieth century, but it is my observation that neither abstention nor thorough-going contraception is the answer. Unless we assume the responsibility for creating and educating a superior breed of psychological workers for both clinical and laboratory research activities, we shall find that many, if not all, of our techniques have been appropriated by persons who have not been taught how to utilize them effectively.

Dr. Verplanck and the clinical psychologists from the University of Tennessee deserve a fair hearing. It may be found eventually that their solution is not the best of all possible solutions—that it creates or perpetuates some problems while attempting to resolve others. In particular, it seems highly probable that institutions which do not have well-established graduate programs, adequate clinical faculties, or adequate clinical facilities will be eager to develop such subdoctoral programs without full awareness of their limitations. But an experiment is, after all, an experiment, whether it deals with manpower or laboratory subjects. The optimal solution to the need for subdoctoral training will not be known until the several hypotheses have been tested in the real world and the end products have been sampled.

Speaking as an individual psychologist and not as a representative of our faculty at the University of Kentucky, who are still considering the issue, I extend my wishes for successful experimentation to the representatives of both the University of Florida and the University of Tennessee. I should conclude, however, with my personal belief that we cannot develop a model which is usable on a national scale without endorsement by a graduate diploma covering either a graduate curriculum or graduate work in conjunction with a specially organized undergraduate curriculum.

The Master's Level Clinician as a Solution to the Manpower Problem: Defining and Teaching Clinical Skills -

Kenneth R. Newton

Those who have spoken before me have pointed up the obvious and established need for mental health workers. However, there seems to be a need for someone to supply these workers. Indeed the question that is to be answered would seem to be—"Who is to train these new mental health workers and how are they to be trained"? We might still wonder, and perhaps legitimately so, if the practicing, applied mental health workers should be the social worker or the psychiatrist or perhaps even the educator? If a new, wholly or partly new, mental health worker is to emerge, should he be trained primarily by the social worker, by the psychiatrist, or by the educator. As our discussions in APA have pointed up during the past several years, there are disagreements as to the appropriateness of psychologists functioning as mental health workers as applied scientists. Where are those who feel quite strongly that psychology is a science and not a practice.

During the past 12 to 18 months psychology seems to have accepted its responsibility of meeting the mental health needs of society. This need is now being approached from several different directions at several different levels of training. Rioch has trained housewives as therapists, Purdue is attempting to train a type of mental health aide with two years of undergraduate training and the University of Illinois has its Doctorate of Psychology Degree program in operation. For a long time now psychology has been engaged in training of professional school psychologists at the Master's degree level. Thus far there would seem to be very little questioning of the MA psychologist and his functioning in the schools. Indeed the profession of psychology has almost ignored these people once they are trained. I have even heard psychologists state that since these people are not really psychologists we need not be concerned with their functioning and operation until they call themselves psychologists to the public. The schools are probably our most fertile field for application of mental health techniques and skills, particularly the preventative aspects of our mental health program. Even so, there would seem to be little anxiety apparent when we talk of the training and functioning of the MA psychologists in the schools. However, I have observed a very different reaction when we discuss the training of MA psychologists to meet other mental health needs. Perhaps even more strange is the reaction to the word psychologist when used to identify the MA person; the schools may hire an MA psychologist and might even call him that without any violent reaction from the Ph.D. psychologist. But let this MA psychologist show up elsewhere and he is frowned upon, considered quite limited in his capabilities, in need of close and constant supervision, considered a technician who cannot operate on his own, and so forth.

The interest group within division 12, Psychologists Interested in the Advancement of Psychotherapy, are opposed to the non-Ph.D. being a psychotherapist or being taught psychotherapy, at least by the psychologists. They seem not to show this same reaction when such non-Ph.D.'s as social workers, psychiatrists, and guidance workers engage in these same activities. PIAP even objects to the professional Doctorate in Psychology for the practitioner and restricted their support exclusively to the Ph.D. psychotherapist. Their main argument is not that these would be inferior psychotherapists but that they might be ancillary to psychiatry and to other professions and in other ways be second class citizens.

A social worker, writing in the newsletter of the Tennessee State Department of Mental Health, has suggested two alternatives for psychology; psychology could either relinquish those roles occupied or restricted to it in the past or psychology could find the means for training and supplying from within psychology the sub-Ph.D. personnel to fill the many positions now becoming available.

He goes on to list three possible roles for the sub-Ph.D. psychologist; psychological examiner, psychological counsellor, and psychological research assistant.

At the University of Tennessee we have chosen to concentrate on the first two or some combination thereof.

This same socialworker has suggested that Ph.D. psychologists would seem to have, at the present time, seven major functions, these are: treatment, consultation, education as involved in community health, research, diagnosis and evaluation, administration and innovation, and training which includes graduate programs. He went on to suggest that with the addition of a sub-Ph.D. psychologist the Ph.D. psychologist could concentrate on fewer areas where his more extensive training could be utilized to its fullest advantage. These areas in which he felt the Ph.D. should concentrate their efforts were supervision and consultation, administration and innovation, research and training in graduate programs. This would necessitate the sub-Ph.D. psychologist taking over most of the treatment, evaluation, and community mental health activities. PIAP would obviously frown on this solution to the mental health problems. Only infrequently is it heard that these would be poorly trained people but the argument is more often that they would be second class citizens when compared with psychiatrists. They would not be able to call themselves, "Doctor." I would say that the patient could not care less; if he feels better he will be as happy with the MA worker as with the Ph.D.

In the January, 1967, American Psychologist, Paul Meehl and John Eberhart both point up the need for professionally trained psychologists, although in this particular context, they are supporting the professional doctorate degree such as at Illinois. However, they have offered measures that could easily be used to support the training of Master-level professional psychologists. Meehl makes a very good point when he states that if there does not exist a body of psychological knowledge which is useful in working with people then we certainly should not train, even at the Ph.D. level, clinical psychologists for practice; or even, perhaps, not have a program of applied or theoretical psychology which is called "clinical." Eberhart points out that the present Ph.D. scientist-practitioner program found in most graduate psychology departments is not adequate to produce psychologists for service functions.

The Tennessee social worker I was mentioning earlier avoided labeling this particular type of sub-Ph.D. psychologist. While many, particularly Ph.D. psychologists, would want to label him as a technician, it seems to me that he is too highly trained in formal education and in skills for this terminology. In the profession of psychology, technician seems to be a "dirty word" designating too frequently an inferior position held by one with intellectual abilities inappropriate for higher education and unable to engage in imaginative, self-initiating behavior.

While the title "psychologist" may very likely emerge as that most frequently applied to the sub-Ph.D. there is currently too much opposition to it for any serious attempt to insist that this be the definitive label. Thus, perhaps the best title would be Mental Health Worker. This would seem to indicate a breadth of activity beyond that of technicians and yet probably it would not be threatening to the Ph.D. psychologist.

As you will note from the handout made available that we intend this to be a full two year program beyond the Bachelor's degree leading to a Master of Arts in Psychological Services. This program includes a number of basic psychology courses required of all students, two alternative tracks of special training which the student selects after his first year in the program, extensive practicum experiences emphasizing one of three possible work settings, and 24 hours of course work outside the Department of Psychology in the areas reflecting the trainees' professional goals.

The course requirements include a consumer course in statistics and courses in learning, thinking and motivation, while the basic professional courses involve a sequence in evaluation and another in therapeutic techniques. The thesis requirement will provide experience in the application of research findings to applied problems. That is, the students in this program will not carry out research projects but will prepare a library research thesis which will demonstrate their ability to read, interpret, and relate clinical research to applied problems. After his second quarter in this program the student will select one of three professional goals, which are psychiatric hospitals, outpatient clinics and/or school systems. After this second quarter all of his practicum experiences will be in this selected facility. At the end of his third quarter the student will elect to concentrate the remainder of his training in the area of evaluation or behavior change techniques. It is felt that these two selections will enable the student to become more intensively trained for his professional goal in either psychodiagnostic evaluations or behavior change techniques. Yet such a program will offer him sufficient background in both to enable him to build and increase his skills in either or both directions after completion of his training program.

The training of these mental health workers will center around practicum work in both the academic program and the practicum setting of the professional agencies. Practicum training and supervised clinical experiences will play a significant part in the trainee's graduate coursework. Most of the trainees will have had little experience in any field prior to graduate school. Thus, the practicum work of all the students will include, first, a quarter in psychiatric hospital and, second, a quarter in an outpatient facility. At the outpatient facility the student will obtain experience with other organizations that deal with the problems of people, such as, schools, welfare departments, cerebral palsy centers, vocational rehabilitation centers, special education facilities, and the like. As mentioned earlier, after the second quarter of his graduate training the student will be assigned to facilities representative of his major area of specialization, that is a hospital, an outpatiant clinic, or a school system.

We anticipate that the undergraduate seeking admission to this graduate training program shall meet several requirements in addition to the usual graduate school requirements. He or she will be an undergraduate major in psychology with a minor or significant coursework in departments such as Child Development, Special Education, Speech Pathology and Audiology, Educational Psychology, or Sociology. Or he or she might have an undergraduate minor in psychology with a major in Child Development, Special Education, Speech Pathology and Audiology, Educational Psychology and Guidance, Curriculum and Instruction or Sociology. He will be expected to make up deficiencies in his undergraduate background as determined by the MAPS Committee.

As mentioned, the curriculum that has been proposed is directed toward educating psychological personnel who will be able to accept responsibilities in one or another of three professional contexts, again outpatient clinics, psychiatric hospitals, or school systems. The student will be offered courses and practicum training which will prepare him especially for one of these three alternatives. The curriculum is designed to provide information and skills that can be immediately applied, as well as being designed to provide a basis for the acquisition of additional skills and information in the years following their graduation. The three areas of institutional specialization which have been selected are those which we at Tennessee have had most experience with and for which the facilities are available. These three also represent those that have the greatest and most apparent immediate need.

To prepare himself for work within one of these three kinds of institutions the student may choose, during his second year of training, one of two possible tracks which will lead to increased opportunities for specific training and skills. Again one of these is psychological appraisal and diagnostics, the other is psychotherapy and behavior change. In addition, a variety of courses chosen among those offered by this program or by the related departments can provide the students with a background of special knowledge and expertise for work with such problems as those presented by the disadvantaged, retarded, or disturbed child; vocational rehabilitation; speech pathology and audiology and the like. The student will take a total of 24 quarter hours credit in such courses and these will have been selected by him in consultation with the program committee. In other words this would be a meaningful 24 hours of coursework and not merely a hodgepodge of courses to meet a time requirement.

The students in the MAPS program will share neither courses nor instructors with students working toward their Ph.D. in clinical or school psychology. That is, there is no overlapping of professional courses, the MAPS program has its own course sequences. It may happen that they would elect courses outside the department in which they would be in attendance with Ph.D. psychology students but this would be at a minimum. We believe that this academic separation will serve both to foster group identity and morale in the MAPS students and to facilitate important consultative relationships that are foreseen between Ph.D. psychologists and the MAPS psychological workers.

It will, we hope, preclude unfortunate comparisons between individuals in the two programs by the various staff members. The courses, staff members, and students of both programs will be separate. However, the Ph.D. and MAPS students will share offices and training facilities, which we believe will help foster a "psychological togetherness." The use of separate faculties will expose the MAPS students to professionals who have been committed to and interested in service activities. The MAPS student will learn to value service activities. The MAPS student will learn to value service activities in much the same manner that the Ph.D. student learns to value research, teaching, and training.

Extensive use will be made of closed circuit TV in the basic course structure and in practicum supervision. This, we believe, will enable us to maintain the highest standards of training and supervision while permitting us to increase the student-staff ratio and thus increasing the educational efficiency of our program. It is anticipated that each student will carry one therapy case while enrolled in the therapy practicum sequence and that each will be video recorded and played back to the entire group so that many samples of behavior change techniques can be observed more or less at first hand. A similar approach will be carried out in the diagnostic sequence; that is, the students will have their own individual training experiences but will also be exposed, through the video recordings, to the diagnostic experiences of others using other techniques.

I have mentioned only in passing the differences between this faculty and a faculty of a Ph.D. clinical training program. This faculty will be different in body as well as in spirit. There will be two and eventually three full-time, permanent faculty members who will conduct courses throughout the program. These full-time members will provide the continuity and direction and set the style, so to speak, for the visiting faculty, as well as provide leadership to the student body. This full-time faculty will have primary responsibility for the diagnostic and behavior change sequencies as these are considered the continuing meat of the program.

In addition, each year three to five experienced, practicing professional psychologists will be associated with the MAPS program on a "reverse sabbatical." Each man will have a visiting academic title, and will be paid a salary at least equal to that which he had been receiving in his regular position. These men will offer courses in their own areas of professional competence. They will provide supervision for the students while there. These visiting faculty are an integral and significant part of the MAPS program as they will insure that the students have maximal opportunity to work under close direction of experienced professional psychologists.

The students who are being trained to provide psychological services for the public will be trained, then, by men experienced in their field. These faculty members must have intensive clinical experience and know-how and must be not only aware of but engaged in current psychological practice. New Ph.D's in psychology will be unable to provide the appropriate skills, the experiences, or orientation necessary for the MAPS students.

The model of the practicing professional psychologist is too often lacking in training programs. In the MAPS program the student will identify with a faculty who are interested in and capable of practicing professional psychology and who have this as a primary training goal.

We will also make extensive use of advanced graduate students who are working toward their Ph.D. in clinical psychology or in school psychology. These advanced graduate students will have as an integral part of their own training the teaching, supervising, and consulting with MAPS students. This will not only provide training for the MAPS student and teaching experience to the Ph.D. student, but it will also enable the MAPS mental health worker to know and to understand the Ph.D. psychologist and it will also give the Ph.D. psychologist awareness of the MAPS graduates skills and capabilities. The Ph.D. student will be utilized as a teacher-supervisor in methods of interviewing and diagnostic testing. The experience of looking toward Ph.D. consultation and education, we feel, will provide both the precedence and skills required for a mutually respectful relationship throughout their professional lives. We anticipate that these graduate preceptorships will yield far more than instructional and consultative experience for both groups of students. We hope that out of these relationships will grow a deeper appreciation for the role of each.

The Psychological Assistant Program of the University of Florida: Rationale - Mary H. McCaulley

Doctors Verplanck and Newton have cogently described their recommendations for one solution to the manpower problem. I shall now describe our program at the University of Florida where we are training Psychological Assistants under a contract from the Bureau of State Services of the Public Health Service.

As coordinator of the program, I shall give the history of the program and rationale for our approach. After this, I shall ask two of the assistants in the program, Mrs. Guerry and Mrs. Price, to describe to you the training they have received and the kind of jobs the assistants are doing at the present stage of their training, approximately one-third of the way through the program.

The need for new ways to stretch psychological talent has been amply demonstrated by our previous speakers. Our project assumes that when a psychologist can delegate to an assistant with lesser training as many of his time-consuming duties as that assistant can efficiently perform, then that psychologist will spend more of his time on those activities which require his unique competence, thereby becoming more effective or more productive. Our project is an attempt to generalize from a serendipitius event in one of the services of our department. Several years ago an intelligent young woman, Mrs. Eileen Fennell, was hired to work with Dr. Paul Satz in his neuropsychology laboratory. Through much reading and individualized instruction, Mrs. Fennell was able to take on more and more duties in the laboratory, including diagnostic testing, research testing, and analysis of research data. As a result of her presence, the productivity of the service was notably increased, both in clinical services given to the medical and surgical floors of the hospital, and in research projects. Dr. Louis Cohen, head of our department, always on the alert for ways to encourage his faculty to become more productive, wondered if the boom in neuropsychology was a lucky accident, or whether others on his faculty would become more effective with similar assistance. If so, we might have stumbled onto a useful solution for the manpower problem in settings such as ours. The pros and cons of undertaking a program to train such assistants were debated by the faculty, and the proposal met with increasing enthusiasm. It seemed to us that our setting might offer an especially good opportunity to test the usefulness of the Assistant model, because of the wide range of activities and interests of our faculty. While all of us wear three hats, as clinicians, educators and researchers, our service settings differ widely. Housed in the College of Health Related Professions of the University of Florida Health Center, each of us provides psychological service to a different setting. Inpatient Psychiatry, Outpatient Psychiatry, Child Psychiatry, Medicine and Surgery, Pediatrics, Obstetrics and Gynecology, and Ophthalmology are our affiliations within the Center; in addition, one faculty member is actively involved in community psychology consultations.

When it was decided that we would seek support for training assistants, each of us listed the activities of our services in which an assistant could be useful. To our surprise, the ideas of this group of individuals with their varying service needs showed considerable agreement. All wanted someone to help with the time-consuming arrangements for patient appointments, notifications of those involved, making sure records were properly routed, that reports reached those needing them in time for decisions—in short, all wanted help with the myriad nagging details of running a service that eat away a professional's time. In addition, most felt that they could use assistants to record behaviors of patient interactions and of research subjects, to administer psychological tests for diagnosis and research, to help with literature reviews, analysis of research data, and other research activities. Some hope that, in time, the assistants could provide an important service in orienting psychology practicum students and interns coming onto the service.

The contract for training the assistants was effective June 30, 1966, and after screening a large number of applicants, a group of seven intelligent, highly motivated women assembled in September, 1966, for a two-year assignment in which they were to be workers, learners, and guinea pigs."

While the contract permitted selection of qualified persons who had at least two years of college, we decided on one shred of homogeneity in a sea of heterogeneity and selected all college graduates. A wide range of college majors was represented--history, English, art, elementary education, human relations, and business administration. All were married, three had children. Ages ranged from early twenties to mid-thirties.

Mrs. Guerry and Mrs. Price will describe, more vividly than I ever could, what happens when seven assistants are introduced into a department made up of staff, interns, practicum students, and secretaries, where none of the groups are exactly sure what a psychological assistant is or should become.

Before they tell you the traumas and triumphs of their initiation, I would like to comment on some of the aspects of the program which have most concerned the staff.

In the beginning the assistants were told we planned to push them to learn all they could competently do, and that an essential part of the research would be to see just how far they could develop in two years. I believe the staff is still committed to this promise of unrestricted learning, in principle. However, I must admit that as the assistants become more competent, we are finding sensitivities and discomforts in living up to the promise. Each of us tends to be hesitant of encroachment by the assistant into those aspects of clinical psychology which are closest to our hearts. In my interviews with staff and interns, I am told assistants should and should not learn Rorschach, should begin to learn psychotherapy and should definitely be forbidden to learn psychotherapy, or should learn test administration but should not be given anything about test theory. We are still struggling with the issue of how far we will let our assistants go, but it seems to me that with experience we are no longer asking "what will we let them learn" but rather "what duties can they learn to do competently" and "how can we be assured they are competent"? In the process, unitary tasks are being fractionated. "Rorschach" is divided into administration and interpretation. "Psychotherapy" is divided into observing and recording interactions, assisting in behavior therapy, supporting a patient through a crisis—and in future other steps into this forbidden territory will doubtless be taken as assistants are ready and suitable opportunities for training offer.

A second major concern has been whether we are training specialists or generalists. One possible approach would have been to follow the model of our prototype—leave each assistant with all her individuality on a service with all its individuality, and see, at the end of two years, what commonalities among the assistants might have been developed. Thos model has its temptations—it is simple, and when one faces the problems of finding one time in the week when all the assistants can come together for training, the temptation is well-night irresistable. In fact, the major part of the training will be an apprenticeship training on the individual service, and we hope to have useful suggestions for those who find it advisable to train just one assistant in an isolated setting. The pressures away from this model are important, however. What will it prove if, at the end of two years, our assistants suit us perfectly but are not so trained as to be useful to any other psychologists? Such an outcome would do little to solve the manpower dilemma of the profession as a whole. Moreover, despite the agonizing debates in the profession as we try to define the essential nature of our field, there are areas of agreement. For example, we believe psychological assistants in any clinical setting would need to know something about personality development and dynamics, psychopathology, assessment, ethical consideration in working with patients and other professionals, and have some understanding of research design and statistics. Therefore, all assistants should have a common core of training, the exact nature of which is still being refined.

After an initial period in which the assistants spent most of their time being oriented on their services, with supplementary classes on a broad range of topics needed to orient them to the field of psychology and to the activities of all services of our department, we have begun more structured training, which will be described by Mrs. Guerry and Mrs. Price. It is important for you to know that the assistants themselves have been very active in telling us what they feel they need at any given time, and alerting us and each other to training experiences that are most useful. Although the training has at times been more unstructured than we have liked (and on a second go-round we would certainly have more structure than this group has experienced), the flexibility of the teaching has made it possible to respond readily to suggestions of the group, giving them materials at the times they see the need for them.

As you might imagine, the heterogeneity in our sample, both in staff, service, and assistants has made for problems in training. Some assistants, for example, began administering psychological tests under supervision almost immediately—others have done very little testing even now. Some have seen many emotionally disturbed patients, others have seen few. Some see mostly children, others exclusively adults. Thus any given lecture might be too elementary for one assistant and over the head of another. One major goal in the second year will be to fill in these "gaps" to make sure the entire group has a common core of skills. Our experiences thus far tempt us to try the experiment again, this time with a group of common background, for example, all psychology majors, and with an intensive training course in the beginning before all get too involved on individual services. As the assistants will be telling you, however, such a plan has its own dangers. All of them feel that their opportunities to see and work with patients, even before they were sure they were ready, has given them an experience that illuminates their coursework.

There are other issues I shall mention briefly. One is the ultimate placement of the group—will jobs be available for them? How will these jobs be incorporated into the position hierarchies of settings where psychologists function? We have no easy answers to these questions, although we are requesting permanent lines for psychological assistants in our department. We hope that this symposium, and a related one to be held next month at the Florida Psychological Association, will help us find ways of incorporating such workers as the assistants usefully and responsibly into the psychological family. Related to this problem are other questions asked us: Are you not unfair to these women if you given them two years of training beyond the bachelor's level, and they will have no degree to show for it? An allied question is: Couldn't you give such training below the bachelor's level? And, what would be the result if all were psychology majors? And, how does your program take advantage of the untapped talents of educated housewives whose children are grown. There are no easy answers to these questions, but we are coming to believe that a program such as ours does have an appeal to capable persons who are seeking work which is challenging to them and useful to others, but who do not want to undertake graduate work nor assume the responsibility of a full-time professional role.

In short, in this first third of our program in training psychological assistants, largely through an apprentice program, we feel we are developing a useful model for one kind of nonprofessional role, and are seeing many exciting opportunities to explore alternative models. Whether we will have the energy or courage to develop these alternatives, we do not yet know, but I believe you will see much more clearly what it might mean if you should embark on such a venture, after you have heard Mrs. Guerry and Mrs. Price tell you what becoming a psychological assistant is really like.

A Psychological Assistant's View of Her Training - Mrs. Shirley Guerry

As Mrs. Price and I worked together on our presentations for this meeting we found it quite difficult to clearly delineate activities and training aspects of the program since they are so interwoven in the apprenticeship model we are following. I will try to relate to you some of the significant learning experiences we have had and also some experiences we would prefer not to have had. The program started September 1, 1966. At that time there were no graduate students present since the academic year had not yet begun; most of the faculty members were attending APA meetings in New York; the department was experiencing an almost complete turnover in secretarial and clerical help; and the offices were being painted. In addition to the tensions created by these external happenings, we were all trying to deal with the tensions of being in an experimental program which offered no degree or certification; only the opportunity to see what we could accomplish in two years.

During the first two weeks, we were not individually assigned to staff members and for most of us the entire orientation period was colored by this feeling of not really belonging anywhere. After the faculty members returned from New York the assistants as a group interviewed each of them to learn about his service and to begin to form an idea of service preferences. Some of us had already decided where we wished to be assigned, but for others of us this depended entirely upon which faculty member we had just interviewed. Following these interviews Dr. McCaulley asked us to list our preferences for assignments. She also asked the faculty to indicate their choices. We were then assigned to services. We felt at the time, and still do that we would have preferred specific assignments from the beginning. However, I must admit trying to find a way to get the assignment we wanted and a way to keep everybody else happy simultaneously accelerated the getting-acquainted process rapidly.

As an initial project we inventoried all departmental equipment. The department has services in several different areas of the medical center and this helped us learn the locations quickly, although turning chairs upside down and crawling under desks to find property numbers became quite a chore before we finished. At this point we also attempted to learn about patient services since one of our duties is to take care of the mechanics of scheduling; charging, and recording patient data. We met with people from the Business Office and tried to digest an overwhelming variety of facts pertaining to pink copies; yellow routing sheets, appointment notices; scheduling of rooms; recording of fees charged and other necessary information. We then organized our facts and presented them to the faculty. We now have a reasonably consistent handling of patient services throughout the department.

For a while our time was divided almost equally between formal classes and on-the-job training. That is when we really became aware of the many areas of learning open to us and also the conflicting demands for our time we would have to resolve in the program. We are being trained as an assistant to one individual psychologist, but the department also considers it a necessity for us to have a common background of information, skills and experiences by the end of the two-year program. The effort to strike an acceptable balance between individual training and group training is a continuing one and the assistants take an active part in this effort. We arrange informally to observe activities and to learn test batteries administered on other services. For example, I am assigned to the Obstetrics-Gynecology Service, but because I want to develop skills in testing children I am spending a portion of my time learning and administering tests to school children in an experiment being conducted by our Pediatrics Service. During the coming summer Dr. McCaulley and I are making tentative plans for me to learn the battery of tests administered by the service connected with Medicine and Neurosurgery. This will help me in my own service for we are developing a battery of tests designed especially for women medical patients.

The way I am learning to administer intelligence tests is quite different from an academic course in test administration. I studied the manual on my own at home and in the office when I had some spare time. I accompanied the assistant on Pediatrics and observed her testing several patients in the hospital and scored some of the answers. Then at another "observation" session I was asked to administer the tests. My first reaction was to cut and run, but I realized the assistant and a doctoral student would be there to help if necessary. I proceeded rather slowly, but believe I administered a valid test. This actual test administration was for me a very significant learning experience, for I realize I probably would have delayed performance and thereby delayed learning for quite a while. In addition, I met with the faculty member in Pediatrics and administered the tests to him. I guess you'd call this session my "final" exam. Other assistants have learned testing in this manner and we find it very effective.

In our group meetings and individual conferences with Dr. McCaulley, a recurrent theme was the need we felt for common group experiences that could serve as the basis for classes, reading and group discussion. Arrangements were made, not without difficulty, for the assistants to observe a weekly group therapy session and meet with an intern afterwards for a discussion period. This intern also meets with us for another class period during the week with emphasis on personality dynamics. At first I could only hear content in the therapy sessions, now I am aware of some of the non-verbal communication that takes place and can follow somewhat the group process. This opportunity to observe a continuing group rather than an isolated interview or testing session is of great value. It emphasizes for us a fact we find so difficult to accept—that problems are not solved overnight and that for the most part change is agonizingly slow.

As you can see much of our training is being done by interns in the doctoral program. They are assigned to individual services and complete three rotations a year. Although technically we are apprenticed to a psychologist actually we often find it easier to ask an intern about concepts that are eluding us, because it's not quite so embarrassing and also because they're more likely to be available than staff members. The interns have been most helpful in giving us opportunities to observe, in explaining things to us in terms we can understand and generally letting us feel free to ask questions no matter how naive we sound or how obvious the answers are. One problem in reverse a number of us have encountered is how quickly we have become a part of the scenery and the assumption is often made that we know more than we actually do. When this happens I am tempted greatly to try to look wise and bluff my way through, but seldom do because I truly want to learn and not merely establish an acceptable facade.

One of the memorable parts of our training program has been participation in a sensitivity training laboratory group. Initially participation was required. Inadvertently the terms T-Group and group therapy became synonyms for us. As you can readily imagine we weren't quite prepared for this. Only one of us had college training in psychology beyond a basic sophomore course and we were a long way from accepting therapy for ourselves! We struggled mightily with this concept during the entire T-Group experience . At the end of this series we agreed to discuss the possibility of further sensitivity training after we had been in the program six months. In March we voluntarily decided to meet again. A clear evaluation of this experience is impossible for us, except we are all agreed that we learned much, even those most strongly opposed to the training in the beginning. We learned about ourselves—what emotions we could handle and those we avoided; we learned how difficult it really is to communicate a feeling and not just information; we learned we can't not communicate—a difficult fact to face since we all wish to function invisibly at times. We learned about group processes—the search for a leader, the attempt to establish solidarity, the establishment of an agenda, the assigning of predictable roles to individuals in the group, and the need for a group task. My own feeling is that since we are trying to learn about emotions and feelings, sensitivity training served to make this learning more vivid and real for us.

Other aspects of our training have been classes in statistics and in family interaction, and "assistant's bookshelf" with books selected and contributed by various faculty members and the opportunity to take a free academic course each trimester. By far the most vital part of our training, however, is this total involvement in both work and learning. For a while it was almost too much and I wondered if I would ever be able to synthesize any of it, but while at home with the flu I was able to do some reading for a couple of days. One of the books I read, Clinical Psychology by Norman D. Sundberg and Leona E. Tyler, had been suggested to us in the beginning as a good basic book, but I had not been able to get much out of it at that time. It was very rewarding for me to realize I could now comprehend it without using a psychological dictionary almost constantly.

At some point in this first trimester of our training I have lost my original feeling that if nothing came of this training I could always be satisfied teaching school. I feel that at the end of these two years I will have learned enough skills and knowledge to be a valuable psychological assistant. I'll also have hitherto undreamed of derring-do in tackling new situations!

The Role of Psychological Assistants in Different Clinical Settings - Mrs. Penelope Price

The Psychological Assistants as described in this paper, are a group of seven female college graduates differing in ages, backgrounds, and personalities. Our general responsibilities consist of assisting one of the faculty members with a variety of duties which are: helping with diagnosis and treatment, scheduling of patient care, assisting in research activities, and performing any other duties which may increase the productivity of the service to which we are assigned, or the productivity of the department as a whole.

After selection, orientation, and some training, six of us were assigned to Staff Psychologists working with the following services: Inpatient Psychiatry, Outpatient Psychiatry (the service to which I am assigned), Community Mental Health, Neurology and Medicine, Pediatrics and Obstetrics and Gynecology. The seventh assistant was assigned to the Staff Psychologist concerned with Child Psychiatry.

It is the purpose of this paper to discuss the role of non-professionals in seven different clinical settings.

After two weeks in the department, we were assigned to our separate services; the faculty decided to suspend formal training for several weeks to give us time to get involved in the daily activities of our separate services.

At first, we were all eager to learn about psychological tests, what they meant, how they were given, etc., following lectures on testing procedures, we practiced administrating intelligence and projective tests on each other. For some of us, the interns on our services served as our subjects, and they role-played responses and behaviors that would pose problems to us as future examiners. We began testing by accompanying the practicum students, interns, and staff members as observers. Later we began to administer parts of the tests, and now most of us do the bulk of test administration ourselves.

We learned how to administer the intelligence tests and the MMPI first. The projective tests that have straightforward administration have already been administered by some of us, and several of us have even given the Rorschach. As for test interpretation, we have not done any that is not under direct supervision. We are all capable of scoring the different tests, but our interpretations thus far, is limited to "cook-book interpretations. We also write part or sometimes all of the test reports, with some success. This apprenticeship learning is highly favored by all of us. I feel that I have learned more by being "dumped in" to testing and interviewing situations, than I would have learned by reading and studying about them in classroom situations. It sounded like a "sink or swim" technique, but at this point

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All of us have observed interview situations, and most of us have conducted at least two information-seeking interviews with patients or their families. Learning for me, as in testing, proceeded from observation to sitting in, then to conduction of the interview myself. Opportunities for exposure to treatment vary widely according to each of the various services—inpatient, outpatient, and child psychiatry present us with the most opportunities to observe and to help with treatment. We have all observed psychotherapy, family therapy, and/or behavioral modification sessions at one time or another. One Psychology Assistant has observed and recorded data from behavioral modification sessions in the last six months, and is presently taking part in the actual behavioral modification session of children with other staff members. She is in turn teaching other assistants and students how to record data on the sessions she participates in.

Another type of apprentice-type learning took place when one of the Psychology Assistants participated in aversive conditioning of anorexic behavior in a 62 year old male. She began by observing an intern while he shocked the patient; after five sessions, she and the intern alternated with one session daily. The results were positive, since the patient is now eating about three times as much as he was when he first came into the hospital.

We all observe one psychotherapy group as an example for our personality dynamics classes. Several students even go over their tapes on family therapy with us, relaying the comments given to them by their staff members. Both the assistants find these sessions valuable. I myself observe three psychotherapy groups (two adult, one adolescent) a week. I was so surprised to find out that group progress can be so slow. At first, I expected miraculous recovery from each patient that was attending psychotherapy. Now after six months of reading, observing and inquiring about the meaning of psychotherapy, I realize that therapy can be a slow, long-term maintenance program, or else a patient can change slowly but surely. Some patients never even change.

Some of the other assistants have recorded behavior in individual modification sessions (using conditioning techniques) and they have interviewed families of patients being assessed for treatment.

One assistant was seeing two patients with complications of pregnancy in a supportive relationship, and has seen other patients for supportive and research interviews.

The assistant on the community mental health service has frequent conversations with mental health workers, school counselors, probation officers, etc., which are related to coordination activities, but which often develop into counseling interactions.

In addition to training given to us by psychologists and their students, we have all learned much from participating in the activities of the services with which we are affiliated. We attend medical case conferences, teaching rounds, consultation visits, and lectures given on the individual services. Some of us also make it a point to attend psychiatric grand rounds weekly. Thus far, these experiences have been mentioned because they give us knowledge of the hospital staff, vocabulary, methods of approaching problems, attitudes, etc. With time, the subject matter of such conferences is becoming more meaningful. The role of a Psychology Assistant as an observer is very important since we learn most of what we know through observation. But, as I have mentioned before, we are also trying to participate more and more in all the functions we observe. In testing and interviewing situations, most of us have gone from observers to actual participators. Most of us still observe and record interpersonal behaviors as part of treatment, assessment, or research activities—using a variety of observation techniques in a variety of situations (psychotherapy, behavior modification sessions, group meeting of various types); some of us are becoming more and more of a participator in these situations. One assistant has even presented a case at a child psychiatry case conference.

As far as research is concerned, we all participate in research activities to a certain extent by making reviews of pertinent topics in literature, by assisting in the design of experiments, by selecting subjects, by administering research procedures, by preparing statistical analyses, and by participating in interpretation of results and writitng of reports. For example, one assistant has helped to design and collect a learning ability test for her pediatric service technique. Another Psychology Assistant has learned to administer some tests that determine neurological dysfunctions. She in turn has taught us how to give these tests. We all help each other to a certain extent, in that we all make it a point to visit other services tolearn other skills that may not be present on our service. For example, I am on adult outpatient, so I never get a chance to test, interview or observe children. I was once asked to test a child because of a language barrier. I speak Spanish, so I was able to test the child in Spanish. It was not only an interesting opportunity for me to test in another language, but it also gave me a chance to test a child, which I would not have done on my own service.

All the other Psychology Assistants visit off their services in order to gain other skills not otherwise available on their own service. In the future we may even rotate (as do the students and interns) to other services.

While doing research, we also become exposed to operating different types of equipment: calculators, tape recorders, event recorders, video tapes, etc. One assistant has become very proficient in the handling of television cameras and monitors that she uses on the inpatient unit for closed-circuit television. She has become a regular "cameraman."

While it is generally agreed that we are in the preliminary stages of training it is worthwhile noting that we seem to be making some contribution to our separate services. All seven of us are seen to be making a contribution in "coordination" (handling of the mechanics of patient care and scheduling, taking care of reports and checking on the processing of charges, keeping daily activity records, etc.). We also will organize and categorize research material, reprints, etc.

The function of a Psychology Assistant is also to provide continuity on the service. By this I mean that while interns and students rotate from service to service, we are the stable element on our services. We can help organize the services by occasionally orienting psychology graduate students rotating through the services. We are presently putting together an orientation manual for such purposes as to help incoming students.

It is generally agreed by staff, students and assistants that the period of orientation and constant observation by staff is over. The first five months of work we all felt like fish in a bowl—in that we were observed and questioned from "morning 'til night." Yet at the same time we were never given enough structure on what our roles were. I can remember several assistants being asked if they were doctors, secretaries, etc. It was very difficult at times to know what meetings to go to, how far to push patients, etc. Through trial and error we worked our way along. Now long range decisions about training, job functions, roles, etc., are imminent. There are many questions to be answered in the future. Should we continue to specialize rather than generalize our learning? So far we have done just that. If we specialize, will we be able to transfer our specialized learning to another job? I think so—for I believe if I can learn under one individual there is no reason why I cannot learn under another individual. I see myself transferring my learning and training to another job and then learning under that individual too. Some of us have definite ideas about what we envision ourselves doing in the future. Two of the assistants may go back to get their degrees after they finish this training program. One assistant claims that she is more interested in research than she is in being a clinician. So she would like very much to go back and get her degree in Educational Psychology.

As for me, I don't want to go back to get a degree—because I believe that it would be a step backwards. By this I mean that this program was set up to see if it is possible to create an assistant program as a solution to the manpower gap in psychology. So by going back to school I would be defeating my own goals. I am determined to follow through with this program as far as I can. At this time I am comfortable in the role of an assistant, and am not interested in working toward a graduate degree. The problem that I do foresee though, is that of certification versus noncertification. I would like to suggest some solutions to the problem of certifying nonprofessionals. Could it be possible for Psychological Assistants to be certified on a national or local scale? If APA could certify assistants that had gone through a certain type of training for a specified time, then it would be easier to eventuate some uniformity in this program. I propose to create a program comparable to the mental health assistants, except that our duties would be more structured by APA.

This paper covers the period of seven months after we joined our assigned services. I have tried to give you an approximate picture of what we have done thus far as Psychological Assistants in different clinical settings.

Last of all, I would like to stress that this program is very important to all of us. We realize that it is a great opportunity for each of us. We hope that it is successful.

A Proposed Plan for Training Psychological Assistants -
Catherine R. Thomas and Sue Ann Lehrke

(Paper presented at the Twenty-first Annual Meeting of the Florida Psychological Association, Clearwater Beach, Florida, May, 1968)

Looking back over a year and a half of psychological assistanthood, it seemed to us that now more than ever is the time we should share with interested professionals our views about the paraprofessional or subprofessional field. Last year, at the FPA convention, the two of us represented the total University of Florida Psychological Assistant group as members of the program. Today, we are not representing the other Psychological Assistants or the program itself; we are presenting our own plan for training Psychological Assistants at three different levels.

We wish to address ourselves directly to those questions about subprofessional manpower which have seemed to generate the greatest amount of interest and confusion among both friendly and hostile professional observers whom we have met, questions concerning the selection, training, responsibility, competency, professional status, salary, and placement of paraprofessionals. Our assumption is that the profession needs the help of the paraprofessionals and will one day recognize this need. We are not trying to force this recognition, but rather prepare for it with a firm theoretical base from which to set up a functional training program that will allow both professionals and paraprofessionals to form reasonable and compatable expectations about working together.

The program we have drawn up is only an illustration based on our theory. We do not intend to convey the impression that we do not appreciate the merits of other types of programs or that we are suggesting the adoption of our program as is by the profession. Our goal is to emphasize to you the need for the profession, through the professional organizations of APA, to select, adopt, and implement one national program with uniformity of application.

Most of the doubts raised to us about paraprofessionals center around questions of standardization and control in the areas of competency and responsibility. Since the profession will ultimately be responsible to the public for the quality of treatment received from subprofessionals, you, as professionals, should build into the training and legitimizing of paraprofessionals the type of control you see as needed. We see many advantages to setting up standardized training programs for paraprofessionals and to delineating standards for these helpers. Professionals could be assured of a competent subprofessional, would know the expected salary, and would know what to expect from the subprofessional in terms of duties and responsibilities. Training programs set up by professionals should easily be open to incorporation of suggestions as needs for help in the profession changed. Last year in our presentation some professionals were concerned that paraprofessionals might assume more responsibility than they are qualified to carry out. If the professional organization incorporates the paraprofessional into the organization from the beginning, there should be no fear of the assistants developing their own professional organization or oftheir assuming more autonomy than they are qualified to assume.

Just as you have concerns about the quality of paraprofessionals available, the paraprofessionals have concerns about job security. They are interested in salaries, duties, and responsibilities. They want to be able to move from one job to another with relative ease. They want opportunity for advancement, and protection by the profession of some basic rights and privileges.

We think it is possible for the profession to set up a nationwide program which would control all of these variables to the satisfaction of both professionals and paraprofessionals. Indeed, we think that the profession must set up a standard program, under its direction, if these needs are to be met.

We have constructed a model by which we think the American Psychological Association could satisfy these requirements. The chart you received as you came in delineates three levels of paraprofessional, including training, experience, duties, and salary at each level.

A-Level paraprofessionals are basically secretaries who are familiar with psychological terminology, the purposes and construction of the various clinical instruments, and with basic APA publishing style. Paraprofessionals at this level are analagous to medical and legal secretaries.

B-Level and C-Level paraprofessionals achieve a measure of professional status through their college training in psychology. A core of undergraduate psychology courses would be specified as basic with speciality courses also designated. The paraprofessional trainees would meet the same standards as the pre-professional students, but would be required to make a grade of B or above on the required courses to receive credit on the program. Trainees who had completed psychology courses prior to entering the training program and had achieved adequate grades would not be required to repeat those courses.

B-Level paraprofessionals could receive either a general training program or could specialize in one of three major psychological areas—clinical, experimental, or educational. Each of these paraprofessionals would take extensive basic coursework in the various psychological theories, with further coursework in the area of specialization. Those people who chose not to specialize would receive more in-depth courses covering a broad range of areas. The duties of the B-Level paraprofessional would be easily handled by the person once he had completed his training. He would be closely supervised in his professional duties, but would be fairly autonomous in attending to administrative details.

College credit for these courses would be received since in most cases the courses for the paraprofessional program would be selected from regular undergraduate offerings and any of these credits should be transferable from one training center to another. A person with a BA major in psychology would be required to take only the practicum if the required coursework has been included in his or her college program. Once the coursework and practicum experience had been completed, the B-Level applicant would take comprehensive exams on psychological knowledge and ability to perform the required functions. One part of the exam would consist of objective and

PROPOSED PLAN FOR TRAINING PSYCHOLOGICAL PARAPROFESSIONALS: SUMMARY EXHIBIT

Level	Formal Training and Experience	Duties	Working Experience Prerequisite to Advancement	Salary and Professional Status
A	High school degree Secretarial or Junior College Secretarial degree helpful	Secretarial & clinical office organization Patient-care administration Grant proposal & report administration Data collection & evaluation Manuscript editing	Prior secretarial experience desired	$3,000 - $5,000 No professional status
B	College courses specified with grade of "B" or above, one practicum rotation—without pay	Administrative & special equipment control Administration of intellectual & personality evaluations including projective tests—with supervision Act as cotherapist in a group Conduct behavior modification procedures Test research subjects Program research results Review literature	BA in psychology or other field, or Completion of prescribed coursework Satisfactory standing on comprehensive examination	$5,000 - $8,000 Certification by APA with recognition of such certification by the state
C	Same as "B"	"B" duties with less supervision required Training of B and A subprofessional Design experiments, interpret results	Same as "B" plus 3 years experience as "B" Satisfactory standing on "C" level Comprehensive exam "C" practicum	$8,000 - $10,000 Certification by APA with recognition of such certification by the state

brief essay questions; the other part would consist of actual administration of parts of some of the tests or procedures expected to be of use in the specific or general field. Satisfactory performance on this final comprehensive exam would result in certification by the professional agency and recognition by the state for performance of the duties specified for certification.

C-Level subprofessionals would be qualified to perform the B-Level duties as needed by their employers, but would not need such close supervision. While they would have some autonomy, they would be required to submit all reports of tests for approval and signature by the professional psychologist. The C-Level paraprofessional could function in less structured therapy settings, and could participate in the training of lower level subprofessionals and provide assistance in professional training programs.

To become a C-Level paraprofessional, a trainee would have to have passed all the requirements for the B-Level and have three years experience. At that point, the applicant would take a comprehensive examination in his specialty area much like the qualifying examination for the doctoral degree. Satisfactory performance on the examination would permit the applicant to enter a practicum experience as a C-Level applicant for six months during which time he would be required to work under close scrutiny in the specialty area before receiving final certification on the C-Level.

This program assumes that APA will be responsible for the accreditation of the training centers and for the standardization of the training programs. It assumes also that states will recognize at two levels the paraprofessionals produced by the training centers and certified by APA. It assumes that only certified paraprofessionals will be hired. There will be a shortage of such people which may cause overworked professionals. We feel, however, that it would be as ethically wrong to hire unqualified paraprofessionals as it would be to hire people unqualified to serve in the capacity of the trained professional.

We see several advantages to this program other than those enumerated above. Because paraprofessionals would be earning college credits through this program they would be expected to pay for their own training, just as professional students do. The opportunity to apply these credits toward an advanced degree in psychology would attract people interested in the field who did not know to what extent they wanted to invest in a true profession. In addition, the structuring of levels within the subprofessional program itself would allow a subprofessional to advance in his career and develop pride in his accomplishments. These levels also serve well as guidelines for the degree of status to be enjoyed by the paraprofessionals. A-Level paraprofessionals would have no professional status. B-Level people could be members of APA in a new division created for the paraprofessional. They might attend all meetings and be eligible for membership on their own committees but not on those of the parent organization, and they would have no vote. C-Level paraprofessionals would be members of the same paraprofessional division of APA, but would serve on committees as needed, especially when manpower usage was concerned.

This program has the disadvantages of any standardized program. It would be less flexible than a program set up for a specific location or even to serve a certain department or office. And it would be necessary for professionals to wait for properly trained and qualified people to be placed in their offices rather than to hire a local person to train themselves and place in paraprofessional positions.

Our program is academically oriented and therefore will discourage a part of the manpower pool from which some early subprofessional programs have drawn. We feel that some academic bias (some reliance on formal coursework and on examinations for evaluative measures) is almost unavoidable if one is truly concerned about maintaining standards of performance over a large number of people. We also feel that the academic emphasis of a program like this may be safely limited to an area of specialty, circumscribed within which are the duties which will be performed. Yet, it is precisely because of the limitations which this narrowing of the field of formal preparation imposes that we specify close supervision, at least until a person has performed as a subprofessional for three years with two practicums and two formal examinations.

This is just a rough outline of a possible plan for training psychological paraprofessionals on a standardized, nationwide, long-range basis. We welcome any questions or comments.

APPENDIX B

GROUP TRAINING EXPERIENCES

Below are listed chronologically the major training experiences presented to the assistants as a group. This listing is not intended as a recommended curriculum, but is rather a reference in connection with the discussion of group training in PART IV. The listing does not include the many training experiences on individual services which assistants experienced as part of their apprenticeship, nor the regular weekly conferences and rounds on psychiatry or psychology unless it was an occasion when most assistants attended.

September, 1966

Orientation meetings with the coordinator and others:	
The social structure of hospitals in general and the Health Center in particular.	
Introduction to ethical issues in psychology. Confidentiality. Use of humans as research subjects.	
Introduction to sources of information (psychological and medical abstracts, directories, journals. Libraries in the Health Center.).	
Visits to each setting of the department. Discussion with faculty.	IV-2
Meeting with department head. Discussion of manpower problem in psychology, background of present project, and its goals.	IV-49 - Dr. Cohen
Hospital orientation course. Attended meetings conducted for new hospital employees and some sessions of orientation course for nurses.	IV-3
Attended Psychiatry Grand Rounds	IV-3, 26
Sensitivity Training. T-Group sessions.	IV-42-46 - Dr. McGee

October, 1966

Introduction to psychological assessment. Five sessions.	IV-38 - Dr. McGee
Concepts regarding measures, norms, reliability, validity, standardization of tests. Description of the MMPI.	
Administration of standardized tests. How to establish rapport. Use of the stopwatch. Administration of the WAIS.	

Review of the WAIS which assistants had administered between class sessions. Difference between intelligence and IQ.
Introduction to interviewing and observation of behavior during assessment sessions.
Introduction to report writing. Visit to a graduate course in testing to observe administration of an intelligence test.

Overview of interviewing. Two sessions — IV-26 - Dr. Davis
Interviewer bias, validity of interview data, dynamic and descriptive interviews. Participant-observer concept. Directive vs. nondirective approaches in therapy.
Interviewing techniques and the observation of behavior. Life history data. Listening with the third ear.

Overview of assessment of children. Interviewing children. Developing and maintaining rapport in testing children. Control of the test situation. — IV-31 - Dr. Van DeRiet

November, 1966

Continuation of introduction to psychological assessment. Two sessions. — IV-38 - Dr. McGee
Overview of projective testing. Verbal and nonverbal tests. Levels of structure in projective tests. Limitations and caveats.
Administration of the Rorschach test.

Observation of behavior. Two sessions. — IV-26 - Dr. Davis
Categorizing behavior. The Bales system. The group listened to a tape, recorded the behaviors, and then compared their ratings.
Observation of behavior. (This session became a seminar in which the group raised many questions they had been storing up. It was a turning point after which they requested more seminar-type presentation and less formality.)

Behavior therapy with an autistic child. — IV-28,31 - Dr. Wolking
The assistants attended a film presented for the entire department. They later met with Dr. Wolking alone, for a discussion of implications of the film and an overview of behavior modification.

Overview of diagnosis of brain disorders.	Dr. Satz & Mrs. Fennell
Overview of the treatment team in working with children. Roles of psychiatrist, psychologist, social worker in assessment and treatment of disturbed children.	IV-31 - Dr. Lafferty
Behavioral observation from the viewpoint of an applied anthropologist. The Health Center as a small society. (Department of Anthropology)	IV-37 - Mrs. Taylor

December, 1966

Overview of experimental design and research methods.	IV-33 - Dr. Perry
The assistants attended case conferences and formal presentations on adolescence presented by visiting psychiatrist, Dr. Donald Holmes, for the Department of Psychiatry.	
Introduction to family therapy. A practicum student offered to go over with the assistants the tapes of sessions of a family case he was carrying, passing along to them not only his own observations but also the critique of his supervisor. These sessions, valuable to those who were able to participate, continued for about three months.	Mr. Plum
The intake interview. Observation of interview followed by discussion.	Dr. Davis

January, 1967

Continuation of discussion of child treatment.	IV-31 - Dr. Lafferty
Continuation of anthropological methods of observation of behavior.	IV-37 - Mrs. Taylor
Visiting professor Jules Holzberg, Ph.D., discussed the experimental use of college students in treatment of regressed patients. Assistants attended.	
Sex differences in personality, masculinities and femininities, sex roles. Two sessions.	Dr. McCaulley

Discussion of "What is normal?" Meanings of "mental health" and "mental illness. Consideration of Rogers' (1964) discussion of values in the mature person.	Dr. McCaulley
Distribution of statistics text (Underwood, 1954) for reference and self study.	IV-33

February, 1967

Introduction to personality dynamics. Observation of group psychotherapy followed by discussion and application of evidence of anxiety, hostility, defenses, etc. Readings in Shapiro (1965). Weekly meetings.	IV-26-27 - Mr. Costanzo
Statistics. Two sessions in which assistants examined operational definitions, research design, and statistical tables in a journal article "Achievement Motive in Women" (French & Lesser, 1964).	IV-34 - Dr. McCaulley

March, 1967

Personality dynamics. Sessions with Mr. Costanzo continued.	IV-26-27
Communication process.	Dr. Wolking
Voice quality and the MMPI. Assistants attended a presentation at the department colloquium by Dr. Markel.	
Sensitivity training. T-group sessions resumed.	IV-42-46 - Dr. McGee

April, 1967

Personality dynamics. Sessions with Mr. Costanzo continued.	IV-26-27
Communication process (concluded).	Dr. Wolking
Four assistants attended the annual meeting of the Southeastern Psychological Association in Atlanta, Georgia	IV-17

May, 1967

Final sessions on personality dynamics with Mr. Costanzo	IV-26-27
Family interaction.	IV-31 - Dr. Wolking
All seven assistants attended the annual meeting of the Florida Psychological Association in Ft. Lauderdale. Preceding the meeting they attended a one-day workshop on brain dysfunction presented by Dr. Ralph Reitan.	IV-19

June, 1967

Description and interpretation of the MMPI.	Dr. Wolking
Demonstration of a test battery used for assessment in Occupational Therapy.	IV-38 - Mrs. Shoemyen
Assistants attended two public lectures by visiting psychiatrist Robert Ollendorff, one on Drug Addiction and the other on Homosexuality.	
Assistants attended lecture on behavior modification presented for department by Dr. Malcolm Kushner.	
Assistants began a series of sessions extending over several months in which they viewed films on various mental health topics.	IV-27

July, 1967

Continuation of film-viewing.	IV-27
Behavior observation. Visit to fish laboratory of Dr. Sol Kramer to test ability to observe without anthropomorphising. Discussion of mother-child interactions.	IV-31
Tour of Sunland Training Center for the retarded, conducted by psychologist Dr. Horne.	IV-31
The effects of institutionalization on personality development.	IV-37 - Miss Laurencelle
Statistics: Beginning of weekly classes taught by intern, Mr. Glazer.	IV-34

August, 1967

Statistics: Conclusion of weekly classes.	IV-34 - Mr. Glazer
Crisis therapy vs. long-term therapy	Dr. McGee
Birth order and its implications in life.	IV-32 - Dr. Whitis

September, 1967

Behavior modification: Beginning of intensive six-week seminar taking the entire training day each week.	IV-29-30 - Dr. Wolking

October, 1967

Behavior modification. Completion of seminar.	IV-29-30 - Dr. Wolking

November, 1967

Statistics and experimental method. Beginning of weekly classes with Dr. Hursch which continued until June, 1968.	IV-34-37
Psychopathology. Beginning of weekly classes conducted by intern, Mr. Hindman through the end of February, 1968.	IV-28

December, 1967

Statistics and experimental method (continued).	IV-34-37 - Dr. Hursch
Psychopathology (continued).	IV-28 - Mr. Hindman
Assistants attended psychiatry grand rounds presentation of visiting psychiatrist Dr. Natalie Shainess who discussed the psychology of pregnancy and motherhood.	

January, 1968

Statistics and experimental method (continued).	IV-34-37 - Dr. Hursch
Psychopathology (continued).	IV-28 - Mr. Hindman
Assistants attended presentation sponsored by Psychology of Dr. Bingham Dai on Zen Buddhism and psychotherapy.	

February, 1968

Statistics and experimental method (continued).	IV 34-37 - Dr. Hursch
Psychopathology (concluded).	IV-28 - Mr. Hindman
Early Development series. Session 1. Four theories of development. The first year of life.	IV-31 - Dr. Lafferty

March, 1968

Statistics and experimental method (continued)	IV 34-37 - Dr. Hursch
Early Development Series. Sessions 2-4.	IV-32
Overview of developmental stages. Gesell and Erikson.	Dr. Lafferty
Research in infant development.	Dr. Goldman
Case histories and observation of child in-patients.	Dr. Lafferty
Theories of projective methodology. 2 sessions.	IV-38 - Dr. Harrower

April, 1968

Statistics and experimental method (continued).	IV 34-37 - Dr. Hursch
Interdisciplinary Developmental Seminar.	IV 32
Implications of animal research for understanding human development. (Behavioral Science)	Dr. Kramer
Neuromuscular and emotional development. Behavioral aspects of LSD.	Dr. Kramer
Reflexes from birth to two years. (Physical Therapy)	Miss Wroe
Patterns and stages of emergent language development from birth to two years. (Communication Disorders).	Dr. Bzoch
Film "All My Babies." Observations in newborn nursery (College of Nursing).	Miss Hilliard

May, 1968

Statistics and experimental method (continued).	IV 34-37 - Dr. Hursch
Interdisciplinary Developmental Seminar (continued).	IV 32
Speech development after two. Diagnostic implications of speech sounds.	Dr. Bzoch
Perceptual-motor development (Occupational Therapy).	Miss Jantzen

Assistant-conducted seminars (by the assistants for the assistants).	IV 38
Psychological assessment of children.	Mrs. Martin & Mrs. Thomas
Psychological assessment of brain disorders.	Mrs. Cruse & Mrs. Fennell
Suicide Prevention.	Mrs. McGee

Three assistants attended the annual meeting of the Florida Psychological Association in Clearwater Beach, including a workshop by Dr. Wolpe on behavior therapy which was held the day before the meeting.

June, 1968

Statistics and experimental method (concluded).	IV 34-37 - Dr. Hursch
Interdisciplinary Developmental seminar (concluded).	IV 32
Personality and cognitive development in the first two years of life (College of Education).	Dr. Siegel
Cognitive development in early childhood.	Dr. Van DeRiet
Assistant-conducted seminars (concluded).	IV 38
Family therapy.	Miss Lehrke
Theories of intelligence. Cultural retardation. 2 sessions.	IV 32-33 - Dr. Van DeRiet

POSITION QUESTIONNAIRE: State of Florida PSYCHOLOGICAL ASSISTANT

AGENCY	SECTION
Univ. of Florida	College of Health Related Professions Clinical Psych.

REPORTS TO: Clinical Psychologist on faculty of Dept. of Clinical Psych.

GENERAL RESPONSIBILITIES: To assist a clinical psychologist affiliated with one of the settings in the U of F Health Center by performing a variety of administrative, clinical, research and teaching activities designed to increase the productivity or improve the service of the setting or the Department of Clinical Psychology.

SPECIFIC DUTIES:

1. Under broad direction establishes and controls a system to insure that patient appointments are efficiently scheduled, that reports are completed within time limits and results communicated, that appropriate charges are made and that operation of service is coorinated with related admission, accounting, treatment, and record keeping activities.

2. Administers psychological tests to patients to evaluate intelligence, brain function, personality, attitudes, interests. Under supervision interprets results. Writes reports.

3. Participates in treatment of patients with a variety of behavior modification or emotional reeducation activities, as directed by Clinical Psychologists.

4. Observes and records interpersonal behaviors as part of assessment, treatment, or research activities, using a variety of observation techniques in a variety of situations (Psychotherapy, behavior modification sessions, group meeting of various types.)

5. Participates in research activities as directed, by making reviews of pertinent topics in literature, assisting in design of experiment, selection of subjects, administering research procedures, preparing statistical analyses, participating in interpretation of results and writing of reports.

6. Attends and participates in meetings, rounds, conferences, consultations related to activities of superior or setting. These may be within the Health Center or in community agencies, schools, courts, etc.

7. Attends training seminars, case conferences, or other activities to increase competence in any of areas listed above.

8. Performs any other duties assigned by Clinical Psychologist to improve the level of patient care, to facilitate teaching and research and to improve the productivity of the service where assigned.

EQUIPMENT OPERATED: Type and Per Cent of Time

Any equipment used in the Dept. of Clinical Psychology for research or patient care. Calculators, tape recorders, event recorders, videotape equipment, test equipment, stopwatches, dictating machines, occasionally typewriters. Time % variable.

WORKING CONDITIONS

Normal office, clinic and hospital conditions.
Occasional travel to communities outside Gainesville.
Occasional weekend or evening assignments.
NUMBER OF HOURS IN WORK WEEK IF OVER 40 HOURS.

SUPERVISION RECEIVED - UNCHECKED RESPONSIBILITIES

Supervision varies with current activities of section. Responsible with minimal supervision for scheduling, coordination and communication in activities of service. Responsible for proper administration of psychological tests; for accurate observation of interpersonal behaviors. Receives more guidance in difficult diagnostic interpretations, problems in treatment, new research endeavors.

RELATIONSHIPS OR CONTACTS WITH OTHERS

Must develop and maintain good working relationships with all levels of medical, nursing, and administrative staff in the medical service where assigned. Frequent contact with patients and their families, many of whom are emotionally disturbed.

SUPERVISORY RESPONSIBILITIES

A. ORGAINIZATION UNIT	No. of Empl.	B. JOB CLASSIFICATIONS	No of Empl.
Orients Psychology graduate students rotating through the service. Occasional supervision of department secretarial or clerical personnel.			

TOTAL EMPLOYEES REPORTING

PART II

QUALIFICATIONS

A. MINIMUM GENERAL EDUCATION
College education with good academic record.

B. SPECIALIZED EDUCATION OR TRAINING
Graduate courses in psychology and/or specialized apprentice-like training by clinical psychologists in psychological testing, observation of behavior, various modes of psychological treatment, research statistics.

C. MINIMUM WORK EXPERIENCE
Two years intensive exposure to clinical setting under faculty-level clinical psychologist.

D. SPECIAL SKILLS OR ATTRIBUTES REQUIRED
Emotional warmth, sensitivity, ability to establish and maintain rapport with disturbed persons. Objectivity, analytical ability. Organization ability.

APPENDIX D

ABSTRACT OF CONTRACT

The following abstract from the contract under which this project was carried out is included here for reference. Major organizational changes during the course of the project are shown but minor administrative revisions are omitted.

CONTRACT NO.:	PH 108-66-209 Cost Reimbursement Contract for Technical Services
PURPOSE:	Conduct a Study and Demonstration of the Training and Utilization of Psychological Assistants in Different Clinical Settings
DURATION:	June 30, 1966 to June 29, 1968
AMOUNT:	$114,281 (amended 6-22-67 to $118,484 and 9-20-67 to $120,884.)
PROJECT DIRECTOR:	Louis D. Cohen, Ph.D., Chairman Department of Clinical Psychology, University of Florida, Gainesville, Florida
CONTRACT AWARDED BY:	Bureau of State Services, Division of Community Health Services U. S. Public Health Service, Department of Health, Education, and Welfare
Transferred:	Manpower Resources Branch, Bureau of Health Manpower, Public Health Service, Department of Health, Education, and Welfare
Then to:	Educational Program Development Branch, Division of Allied Health Manpower, Bureau of Health Professions Education and Manpower Training, National Institute of Health, Public Health Service, Department of Health, Education, and Welfare
CONTRACTING OFFICER:	Joseph J. Cooney
PROJECT OFFICER:	(Initial) Robert A. Burton (Spring, 1967 to end of contract) Joseph Kadish, Ed.D.
PROPERTY ADMINISTRATOR:	(Initial) S. David Frank (End of contract) John E. Carrell
FUNDS:	Cost for performance chargeable to Appropriation 755/60342; increase of 6-22-67 chargeable to Appropriation 756/70342; increase of 9-20-67 chargeable to Appropriation 757/80312.

AUTHORITY: Contract initially negotiated under Section 302(c)(5) of Public Law 152, 81st Congress (63 Stat. 393), as amended.

GENERAL PROVISIONS: Award subject to General Provisions HEW 315 - revised 8/64.

Article 1. Scope of Work

I. The Contractor shall furnish the necessary personnel, materials, facilities and equipment and conduct a study and demonstration of the Training and Utilization of Psychological Assistants in different clinical settings, as set forth below:

   A. Determine the feasibility of using psychological assistants in a variety of complex treatment and diagnostic settings under the supervision and direction of staff psychologists.

   B. Explore and identify the knowledge, skill and training needed by psychological assistants in order to be effective in each of these different clinical settings.

   C. Select, employ and assign psychological assistants to different clinical settings; such as, an in-patient psychiatric unit, an out-patient pediatric unit, a community psychology unit, and in-patient neurosurgical unit or an in-patient obstetrics-gynecology unit, in which a college staff member is employed in service and teaching activities.

   D. Develop and carry out an in-service training program to prepare each psychological assistant for the specific duties to which he would be assigned. Various training methods such as short courses, seminars or workshops shall be explored and utilized.

   E. Study each psychological assistant work setting, continuously during the course of the project, and analyze to determine:

      1. The kinds of psychological services which psychological assistants can provide.

      2. The range of skills, knowledge and training needed to carry out assignments,

      3. The effect of each psychological assistant on the productivity and effectiveness of the staff psychologist to which assigned.

   F. Develop and implement an evaluation procedure, to permit generalizations from the project, which shall cover the following points:

      1. An analysis of the specific psychological duties which the psychological assistants will have performed.

2. An analysis of the knowledge and skill acquired by the psychological assistant.

3. An analysis of the clinical productivity of the staff psychologist in consequence of having added a psychological assistant.

4. An analysis of the relevance and effectiveness of in-service training methods used in the preparation of the psychological assistants.

G. Prepare a final report, suitable for publication, covering all aspects of the project.

II. In connection with and as part of the work and services to be performed above, the Contractor shall furnish the following reports to the Project Officer:

A. Progress reports, bi-monthly, which shall include a summary of work completed to date and a statement of problems encountered or anticipated.

B. An interim report which shall include a detailed summary of the operation of the project to date, including problems encountered or anticipated and progress made toward obtaining objectives.

C. Five copies of a final report, suitable for publication, which shall include the following:

1. A summary of the operation of the project.

2. A discussion of the objectives achieved by the project.

3. A detailed analysis of the points studied, outlined under paragraph I. E. above.

4. An evaluation of the project covering the points outlined under I. F. above.

5. A detailed description of the curriculum for in-service training programs developed for the psychological assistants.

Articles 2-10 are not quoted in this abstract. They cover:

Article 2-Period of Performance
Article 3-Compensation
Article 4-Method of Payment
Article 5-Project Officer
Article 6-Project Director
Article 7-Property Administrator
Article 8-Government Property
Article 9-General Provisions
Article 10-Alterations

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